



Women's
Policy Group NI

WPG COVID-19 Feminist
Recovery Plan Supplementary
Research Report:

Putting Women's Voices at the Core

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Introduction

This report is a supplementary report to the WPG COVID-19 Feminist Recovery Plan: Relaunch – One Year On report, published in July 2021. It contains findings from WPG Primary Research on the impact of the pandemic on women across Northern Ireland.

This primary research was conducted by an independent Research Contractor, contracted by the Women's Resource and Development Agency (WRDA). This research included conducting one-to-one interviews and launching a survey that invited anonymous written submissions on the topic of experiences during the pandemic. The goal of this research was to hear directly from women who have been impacted by the issues raised in the WPG Feminist Recovery Plan and to ensure that women's voices were at the heart of the policy recommendations laid out in the relaunched Feminist Recovery Plan.

The findings from this research paint a stark picture of women's experiences in Northern Ireland relating to health, employment, poverty, disability, racism, care work, violence against women and more.

A note from the Women's Sector Lobbyist Rachel Powell:

Thank you to the 150+ women who shared their experiences of the COVID-19 pandemic with us. We are so grateful to all of you who took the time to tell us your experiences and the Women's Policy Group (WPG) will continue to work to put women's voices at the core and ensure the recovery from the COVID-19 Pandemic recognises the disproportionate impact on women.

A note from the Research Contractor:

The Research Contractor would like to sincerely thank the women who took part in the one-to-one interviews and who openly shared their experiences as part of this research project.



Research Methodology

Interviews

Interviews were conducted with women across Northern Ireland to gather evidence of their experiences relating to various issues in the WPG Feminist Recovery Plan, during the pandemic. The Research Contractor sought interview participants by contacting women's sector organisations, cultural centres, trade unions, women's centres and individuals who had spoken at past Feminist Recovery Plan Webinars. Siobhán Harding from the Women's Support Network also contacted various women's centres across Northern Ireland seeking participants. The Research Contractor contacted individuals who agreed to take part in interviews via email and text message. Participants were sent an information sheet and consent form which was signed in advance of the interviews. In total, 12 interviews took place, including one group interview, with a total of 15 participants.

The interviews took place via several different modes, such as Zoom, phone-call and in-person. These interviews took a semi-structured format and lasted approximately thirty to forty minutes. Based on these interviews, the Research Contractor developed 14 anonymised case studies which were approved by all participants before being included in this report. These case studies highlight the impact of a range of issues on women in Northern Ireland, such as: poverty, childcare, mental health, maternal health, racism, disability, abortion, domestic abuse and hate crime.

N.B. Fake names have been used for all case studies in this report.

Survey

The Research Contractor developed a survey in Google Forms which included a mix of qualitative and quantitative questions, inviting written responses as well as multiple choice options. The questions covered a broad range of topics from the WPG Feminist Recovery Plan such as economic justice, health, social justice, culture and Brexit. There were 25 questions in total and 141 responses were received. The survey was open for 25 days between 20th May 2021 and 14th June 2021. This survey was advertised on social media and was also promoted by women's sector organisations and organisation newsletters. A full list of the survey questions can be found on pages 36-37. A selection of responses have been included in the body of this report and additional responses can be found in the Appendix.

N.B. For some questions, respondents could select multiple option responses. In some cases, this caused overall percentages for some questions to not add up to 100%. Where there were duplicated qualitative responses from the same individual, the duplications were removed.

Case Studies



Economic Justice Pillar

Samantha: Poverty & Mental Health

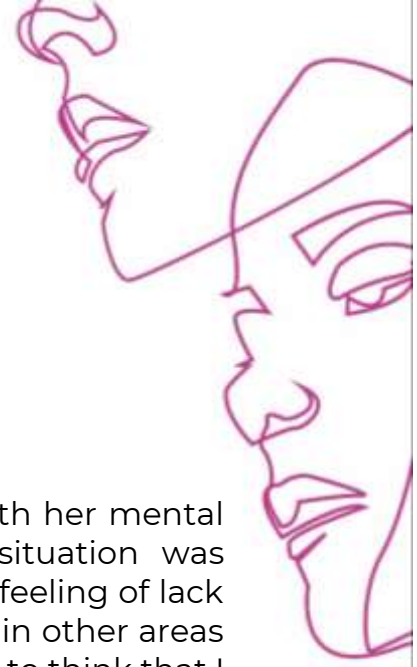
Trigger warning: Mention of eating disorders

Samantha is a mother of two and is also a full-time carer for a disabled person. Samantha has been in temporary accommodation for approximately four years and the pandemic has meant that the waiting list for acquiring permanent housing has been extended. Samantha was told by her housing officer that in order to be moved to permanent housing, **“your window would have to be put through, one of you would have to be attacked, or you would need to get pregnant again.”** Throughout lockdown, Samantha has had to juggle her caring responsibilities with home-schooling her older child and caring for her new-born. She described her experiences during lockdown as being like “ground-hog day,” where every day was the same without any opportunities for respite.

Ten months ago, attempts were made by Samantha’s family to have her sectioned for mental health reasons. Samantha suffers from an avoidant/restrictive food intake disorder (ARFID), which is an eating disorder where the individual is often unaware that they are restricting their eating habits but can cause them to become severely underweight and malnourished. In the past year, Samantha’s weight dropped to approximately 6 stone. The heaviest she has ever weighed is 7.5 stone (whilst 9 months pregnant). Samantha has tried on numerous occasions to seek help for this disorder but “can get no help. None whatsoever.”

Samantha felt that her eating disorder had not been taken seriously by healthcare professionals. When she explained to her mental health nurse and doctor that she was surviving on mostly tea and cigarettes, Samantha was told by the professionals that this was “normal” given the stress associated with raising two children. She described how doctors diminished her concerns by trying to attribute her illness to an overactive thyroid and dismissed her requests to see a therapist. In regards to accessing help for her eating disorder, Samantha felt that health professionals would not take her seriously until she was at risk of death. She said: **“My only option would be to go to England and have a full-on mental breakdown. My weight and my BMI would have to drop to below four stone. I would quite literally have to be on death’s door.”** Samantha’s inability to access help for her eating disorder has been exacerbated as a result of the pandemic.

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Samantha linked issues relating to her housing situation with her mental health and eating disorder. She felt that her housing situation was something that she had no control over, and that it was this feeling of lack of control that caused her to seek control in unhealthy ways in other areas of her life, such as her eating habits. She said: "It's scary to me to think that I would be using food like that; to think it's the only thing in my life that I have control over. Because I can't control my housing situation. I can't control anything that's going on around me. I can't seem to get help when I'm asking for it. So, it's the one thing I can control, and I seem to be doing it without realising, which is really, really scary."

Samantha felt that the stigma around peri-natal mental health, and mental health more generally, exacerbated the suffering she experienced after the birth of her child. She described how no one had explained to her about peri-natal mental health issues such as peri-natal depression, which meant that she couldn't identify the symptoms when they began to present themselves. She reflected that, **"Maybe if the doctor or somebody had've said to me, no you're having an issue with your peri-natal mental health and there's things we can do about this"** that her suffering could have been somewhat alleviated. Samantha has been able to receive some support for her peri-natal mental health through the Maternal Advocacy Support (MAS) project, which she felt had improved her situation significantly. She said: "Honestly, if I had've had this when I was pregnant, I might've felt a bit better in my pregnancy... Because no one explains to you that every pregnancy can be different."

Adele: Employment, Increasing Debt, Childcare & Mental Health

Adele is a self-employed entrepreneur and mother of two. Adele currently runs two businesses, one of which she started up during the pandemic and the other which had to close because of the pandemic.

When the pandemic began, Adele and her husband did not have savings and were in a small amount of debt, which meant that they had nothing to fall back on when her business was forced to close and their household income was consequently reduced. This forced Adele and her family to rely on government support and loans from family members to ensure that essential bills could be covered, such as for food and rent. In regard to being in debt, Adele reflected that: "Being in lockdown has made me realise that if this happens again, we need to clear that quick, so that we're not in a position where we have debt."

Adele was able to access financial support through the UK and Northern Ireland Governments' support schemes, however, this support varied both in terms of amount paid and time taken to receive the money. Adele described the financial support from the UK Government as "absolutely horrendous." Entitlement for this support was based on prior earnings and, as Adele had been on maternity leave and was working from home during the two years prior, **she was only entitled to £500 for a three-month period.** It was six weeks since her business had closed before Adele received this payment.

Although the support from the NI Government was extremely helpful, this money barely covered Adele's essential bills. With her business closed and her husband's income reduced to 80% of its pre-pandemic level, once Adele's rent and food had been paid for, most of this money was gone. In Adele's words: "I am grateful that we had that income because if we didn't it would be a lot worse, but it was still difficult." The time gap in between receiving support from the UK Government and accessing the NI Government support meant that Adele had to contact community and charity groups for additional support during this time, who were able to provide her with vouchers for electricity and heating oil.

When the pandemic began, Adele embraced the opportunity to take some time off work to rest and spend time with her family. However, towards the end of the year, when the country was put into lockdown again, Adele described feeling extremely isolated, being unable to meet up with friends and family.

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Adele suffers from bi-polar disorder and fibromyalgia, which are usually manageable, but which were made worse during this period of lockdown. Adele does not ordinarily take medication for these illnesses but, during these months, felt that she became close to needing to do so. Adele attends counselling for her mental health but pays for these appointments privately, as she was deterred from seeking help through the NHS because of lengthy waiting times. **She had heard from friends and family members that the wait to see a counsellor through the NHS can be up to 12 weeks, which she believed was too long for someone with serious mental health issues requiring urgent support.** Adele also emphasised the importance of being able to build up rapport with the counsellor, which cannot be easily done if you are moving between different counsellors, which she had heard is often the case when accessing support through the NHS.

With schools being closed for the majority of the past year, Adele's children had to complete their schoolwork from home. Adele attempted home-schooling but found it extremely difficult, as it would cause arguments between family members and ultimately, as she explained, "I'm not a teacher." When various sectors began reopening in the spring of 2021, Adele's children were able to go back to school and she was able to return to work. In order to manage work and caring responsibilities, Adele's husband reduced his work hours and now works a three to four-day week. Adele and her husband did not try to access childcare during the pandemic, as she didn't think any facilities would be open and found the price of childcare places to be too high. **For her family, Adele explained how the price of a childcare place would be almost half of their overall household income.** Adele and her husband share caring responsibilities for their children as well as rely on help from her husband's mother for childcare on occasion.

Ruby: Childcare, Employment & Increasing Debt

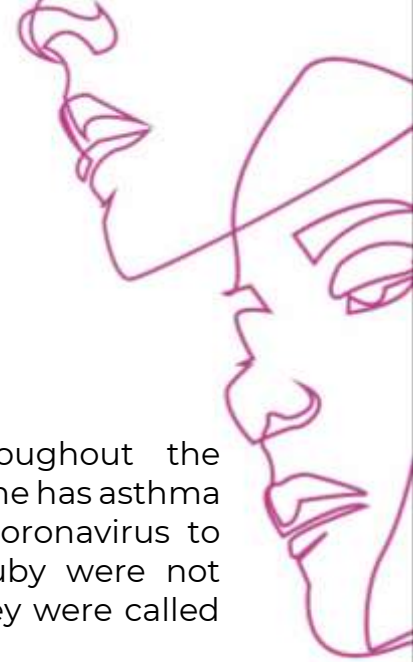
Trigger warning: Mention of suicide

Ruby is a registered childminder and has been childminding for seven years. Ruby's husband is her assistant and they operate their childminding business from their home, continuing to provide childminding services throughout the pandemic. When the pandemic began, seven families removed their children from Ruby's childminding services, without paying their bill or serving notice. As childminding was Ruby and her husband's sole source of income, this loss of children meant that **the majority of their income essentially "disappeared overnight."** Ruby was left with only four children in her services, three of which were children of key workers. Although these parents kept their children at home for the first few weeks of the pandemic, they continued to pay a proportion of their childcare bill, which Ruby was able to personally negotiate. This allowed Ruby to maintain a small portion of her income, in order to ensure that her business was able to survive and remain open after the pandemic.

The pandemic put significant financial strain on Ruby and her family. As a result of her reduced income, Ruby feared she would not be able to pay essential bills, such as for food and electricity, and had to consider applying for Universal Credit, quitting childminding and seeking other employment. Ruby described sitting down with her family and going through their bills to determine which payments they would have to stop, "out of fear of where we would be." Ruby's family only had a small amount of savings and, as a childcare setting, had increased costs such as higher-than-average house and car insurance. In addition, throughout the pandemic, Ruby had to incur training costs in order to stay on top of her childminding qualifications. When asked about accessing government support, Ruby explained how she had to "fight to try and get monies," despite bigger childcare settings (which were not open during the pandemic) receiving significant government support. **It was close to a year before Ruby received a grant from the government.** In order to make ends meet, Ruby took out a bounce-back business loan, putting her in increased debt.

In the first week of lockdown, Ruby described frantically cleaning every surface, toy and piece of furniture in the house out of fear of the virus: "Literally the smallest piece of toy... everything was sanitised." In order to mitigate against health risks as a result of the pandemic, Ruby had to incur additional costs to ensure her childcare setting was safe and compliant with government guidelines. This included buying new equipment, such as toys and furniture, as well as more expensive items such as a gazebo and a swing set to facilitate outdoor play. In addition to taking these precautions, **Ruby's son slept in a caravan for 3 weeks because he was afraid of bringing the virus home from work to the children in Ruby's care.**

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Although Ruby's childminding services continued throughout the pandemic, Ruby was concerned about catching the virus, as she has asthma and had previously had pneumonia. Despite the risk of coronavirus to childminders and their families, childminders such as Ruby were not prioritised for vaccinations and instead had to wait until they were called either based on their age group or vulnerable health status.

Childminding during the pandemic took an emotional toll on Ruby and her family, particularly because of how it impacted the relationships she and her family had with the families using her services. Children she had looked after for years were suddenly removed from her services and she had to turn away parents, who she had close relationships with, due to restrictions on numbers of children in her care. Ruby described a particularly harrowing experience of losing the parent of a child in her services to suicide during the pandemic. She said **"It knocked our complete house. My eldest son, his knees were like jelly, he said he just thought he was going to faint. I had to send all the children home. It was just dreadful."** This toll was exacerbated by the fact that Ruby felt she could only take small amounts of leave, due to parents urgently requiring her childminding services. This meant that Ruby did not have many opportunities for respite or much time to focus on her own personal health and well-being.

During such a difficult time, Ruby felt that supports for childminders were extremely limited. Ruby tried to access support on a number of occasions, asking childcare authorities for guidance regarding COVID-19 guidelines and seeking emotional support after experiencing the suicide of a parent whose child was in her care. However, Ruby found that support was largely inaccessible and childminders were left to work out for themselves how to handle the situation. Ruby described how childminders provided support to each other through on-line networking and the establishment of collective action groups. Ruby said that these groups were **"where we [childminders] survived."** Going forward, Ruby stressed the importance of putting the voices of those directly impacted by the issues being discussed at the forefront of policy-making, such as including childminders in the ongoing development of the Childcare Strategy.

Pauline: Caring Responsibilities

Pauline is a stay-at-home mother who has four children. Pauline and her husband moved to Northern Ireland five years ago.

Pauline described her caring responsibilities as being “twenty-four seven,” leaving her little time to rest or to take part in social activities. As a result, even before the pandemic, Pauline would spend most of her time at home with her children. During the pandemic, Pauline’s caring responsibilities increased, as her children were not able to attend school and spent most of their time at home. In addition to her usual caring responsibilities, Pauline also had to try and home-school her children, who were at various stages of school. Although some childcare facilities remained open during the pandemic, Pauline and her husband did not access private childcare due to how expensive it is in Northern Ireland. Although Pauline enjoys being a stay-at-home mum, she struggles with feelings of isolation, which were exacerbated during the pandemic.

At the beginning of the pandemic, Pauline’s baby had developed a temperature, which her GP feared was caused by COVID-19. At this stage, there was no widespread testing available and GPs were not seeing patients in person, so the GP told Pauline and her family to isolate as a precaution. **Without having a network of family or friends in Northern Ireland, Pauline and her husband had no one to provide them with groceries or medical supplies during this time when they could not leave their house.** When Pauline tried to access online delivery for groceries, she found that all of the delivery slots were full. Pauline had to be creative and resourceful to make the food they had in the cupboards stretch further and relied on stocked food such as flour, lentils and rice to make meals for her family.

Pauline was severely impacted by the shortages in supermarkets at the beginning of the pandemic, which made her unable to acquire essential items such as nappies for her babies and toilet roll for her household. To get nappies, Pauline had to post on social media asking for donations from local community groups. Some of Pauline’s children have particular dietary requirements, such as being gluten-free, but she was unable to get gluten-free ingredients from supermarkets when the shortages began. In her words: **“I remember feeling that feeling of – I’m failing as a parent because I can’t actually give [my daughter] her staple diet.”** Pauline explained how, when she was unable to get particular foods from local supermarkets, she considered asking family members in the Republic of Ireland to send her products out of desperation. Thankfully, Pauline was able to receive food support from local community groups and centres who provided lunches for her children and essential items for her household.

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In May 2020, Pauline became extremely ill with pneumonia. She had been sick for weeks but was reluctant to go to the hospital because she felt she could not give up her caring responsibilities at home and was afraid of catching the COVID-19 virus in the hospital. Eventually, she went to the hospital where an X-Ray was taken of her chest, revealing a severe case of pneumonia. The doctor was keen for Pauline to be admitted, but she felt that she needed to be at home with her babies, as she was still breastfeeding them at the time. It took Pauline almost a month to recover from this illness.

As a stay-at-home mother, Pauline felt that, on several occasions, she has not been listened to or taken seriously by professionals in public services, such as, the health system and social services. In dealing with health professionals, Pauline felt that she has often had to fight her case just to be listened to; for example, when voicing the needs of her children and trying to get diagnoses. Pauline has also had negative experiences when engaging with social services, who she felt looked down on her and were questioning her abilities as a mother. Pauline felt that this created an environment of doubt and suspicion, rather than one of support and encouragement. She said: **“We reached out for help from them, and they completely twisted it like my husband and I were child abusers. It really, really... I lost faith in the whole system then.”**

Pauline felt that this spoke to a wider issue of the under-valuing of women in unpaid care work in society. Pauline explained how: “Because you’re *just* a stay-at-home mum, your contribution to society is not valued or not recognised enough.” As Pauline described, being a full-time carer for four children is incredibly difficult, and women require support from the wider community to do this. Nonetheless, Pauline felt that people in Northern Ireland were quick to criticise and judge mothers, rather than supporting them and lifting them up.

Leanne: Childcare, Employment & Increasing Debt

Leanne is a registered childminder and has been childminding for 14 years. Ordinarily, Leanne would look after six children in her home. However, when the pandemic began, this number dropped to one single child, who she looked after two days a week. Soon after the pandemic began, this child was also removed from Leanne's childminding setting, leaving her with no work until September 2020 and limited work between January-May 2021.

Childminders could not access the initial government payments intended for the childcare sector, which meant that childminders, such as Leanne, were left with reduced income and limited government support. As a result, Leanne had to rely on loans and payment holidays to ensure that she could pay her bills and provide for herself and her son. Having to borrow money from friends and family left Leanne feeling stressed and anxious about how she would repay them whilst out of work: **"They could lend me money but it was like, how am I going to pay this back?"** The payment holidays only lasted three months, which meant that Leanne had to continually renew these. Leanne looked for other job opportunities but she found that "there was no work out there." This was an extremely frightening time for Leanne, who had been in employment all of her life: "I've always worked, and for that to be taken away through no fault of my own... it was a real nightmare."

Leanne considered the inconsistency of guidelines for childminders across various Trusts to be one of the most significant issues faced by childminders during the pandemic. For example, childminders in one Trust would be told that they could look after a particular number of children at one time, while childminders in a different Trust were told that they could look after a different number of children. In some cases, this meant that one childminder could be subject to different rules to another childminder living less than ten miles away. This caused a great deal of confusion and frustration among childminders who were trying to comply with guidelines as best they could. Leanne felt that consistent messaging, originating from the same source, could have alleviated these additional stresses faced by childminders at such a difficult time. According to Leanne, "If they all sang off the same hymn sheet, we would know exactly where we stand."

Childminders were one of the only childcare providers to remain open during the pandemic, with nurseries and school-run facilities being forced to close. Despite this, there was extremely little guidance and support for childminders. According to Leanne, when the pandemic hit, **"We were literally going 'round like headless chickens; we didn't know what to do."**

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Although childminders attempted to get support from childcare authorities, they found that these authorities were also unclear about how what they should do. In the absence of a central source of information, registered childminders (RCMs) across Northern Ireland, including Leanne, decided to group together in the form of a committee/ Union branch in order to share information and collectivise action. Through this committee, RCMs were able to engage directly with decision-makers such as politicians and Ministers, via Zoom meetings, where they could voice their concerns and ask questions about government policy. Leanne described this platform as “an absolute lifeline” for ensuring the voices of RCMs were being heard.

More than a year since the pandemic began, Leanne has still not been able to have the number of children in her childcare setting return to its pre-pandemic number of six, and currently only cares for three children full-time. She has found that many parents aren't looking for childcare, making it difficult to increase her numbers. Leanne described how the re-opening and closure of different sectors, such as the hospitality industry, impacts the childcare sector significantly, yet this does not seem to have been fully acknowledged by government policy.

Reflecting on the past year, Leanne noted that: “What I learnt through this, the fact that registered childminders were the only section last year that were open... it was like, do you see how important we are? We're home-from-home-based. We're not a nursery, we're home-from-home-based. And **the fact that we stayed open when everybody else closed, should show stakeholders that we are important.**” Leanne stressed that, going forward, it is crucial that childminders are listened to in policy-making, as they are the ones with the lived experience of the issues being discussed and are best placed to advise on how to deal with them.

Health Pillar

Alyssa: Abortion

Trigger warning: Mention of abortion

Alyssa is a 26-year-old mother of four who became pregnant during the pandemic and made the decision, with her partner, to have an abortion. Alyssa had never tried to access abortion services before and did not know anyone who had done so, making her unsure of where to turn to for help. After doing a Google search for “abortion access Northern Ireland,” the first site that she saw listed was Stanton clinic. The opening header on the Stanton clinic website reads “Pregnant? Not sure what to do? Call us... we can help.” The website gave her the impression that the clinic could provide her with abortion services, so she booked a consultation.

At the time, Alyssa was unaware that Stanton clinic had no intention of providing her with abortion services. After an initial consultation, the clinic sent her for an ultrasound scan, which they told her was for the purposes of ensuring that she was within the safe window of time for a medical abortion. Alyssa described enduring this scan as a “horrible experience,” knowing that she had already made the decision to have an abortion. The clinic then organised a follow-up appointment with Alyssa, to discuss how seeing the baby’s heartbeat had made her feel. Alyssa felt that this was done with the intention to try to change her mind about the abortion. When the ‘counsellor’ realised that Alyssa had not changed her mind, she challenged Alyssa with questions, such as: **“Why do you think that you need to kill this baby?”**

The ‘counsellor’ disregarded Alyssa’s continued assertion that she would like to have an abortion and told Alyssa: “I don’t think this is the right decision for you” and that “no caring mother would kill their child.” At this time, Alyssa was still on anti-depressants for post-partum depression after the birth of her fourth child and had disclosed to the ‘counsellor’ how much she had been struggling with her mental health. In response, the ‘counsellor’ told her that her role as a mother meant that she had to suffer for the sake of her children. According to Alyssa, there were strong religious undertones to the advice given by the clinic, despite the clinic not visibly identifying itself as a religious organisation on its website. Alyssa felt isolated and disempowered. She explained how: **“Every choice I tried to make... there was someone telling me no you can’t make that decision.”**

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When Alyssa realised that the clinic had no intention of providing her with abortion services, she walked out of her appointment. The clinic had delayed Alyssa's appointments, causing them to be spread out over several weeks. This meant that by the time Alyssa had attended her third appointment through Stanton clinic, she had been pregnant for 8 weeks, nearing the 10-week cut-off point for accessing legal medical abortions in Northern Ireland. Alyssa said: "I walked out and I just broke down... I didn't know any other options, I had become close to the mark of where you have to get a surgical abortion, which would've meant that I would've had to travel to England. I have kids to look after, I had no money..."

Eventually, Alyssa was able to access advice and support through Informing Choices NI, who advised her to seek an abortion through a Canadian charity website called Women on Web. The pills arrived in the post just days before she would reach the 10-week cut off point. Using these pills, Alyssa was able to secure a safe abortion at home. **Alyssa had been unable to access services within Northern Ireland, as her postcode did not fall under the Belfast Trust** and, due to the re-deployment of services because of the pandemic, there were no available services in her Trust.

This experience had a severe emotional impact on Alyssa, who felt that she could not tell anyone about the abortion, except for her partner and one friend, due to the stigma attached to abortion in Northern Ireland. This meant that Alyssa had to deal with this emotional impact largely on her own, in addition to the physical sickness she was experiencing as a result of the pregnancy, all while continuing to work and look after her four children. In Alyssa's words: **"I just had to go about my normal life as if there was nothing wrong with me, when there was absolutely everything wrong with me."** Reflecting on her experiences, Alyssa stated that: "It was the most stressful, traumatic experience of my life." Despite these negative experiences, Alyssa does not regret her decision to have an abortion and believes strongly that it was the right thing to do for her and her family.

Sophie: Mental Health, Maternal Health & Increased Hospital Waiting Lists

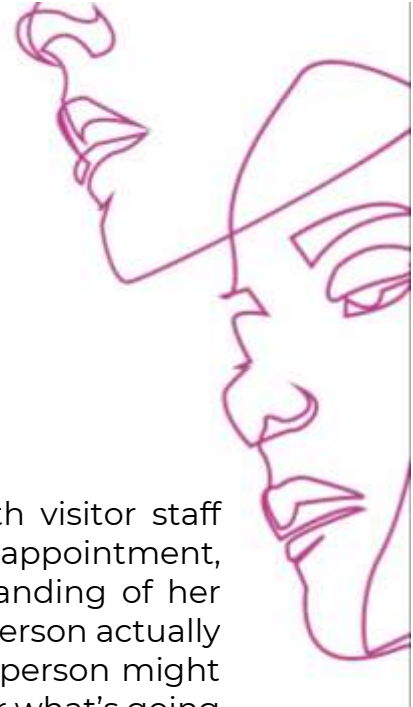
Sophie is a mother of two and gave birth to her second child during the pandemic. Following the birth of her first child, Sophie had Staphylococcus, a bacterial infection most commonly transmitted in hospitals, which made her extremely ill. Doctors treated this illness with different antibiotics and painkillers, which she took for several weeks. However, the medication had a severe impact on her mental health. Sophie sought support from doctors for this and informed them that she would prefer to speak to a counsellor or psychiatrist rather than take medication. Sophie described how the doctors discouraged her from accessing non-medicative support, insisting that she take medication.

She described one particular experience of asking a doctor to see a psychiatrist, who told her that this would not be necessary and instructed her to take an anti-depressant tablet while in the room with him. Sophie felt she had no choice but to take the tablet, despite explaining to him that she had a family history of bad experiences with anti-depressant medication. When she tried again a few weeks later to inquire about accessing psychiatric help, she was told that because she was being 'treated' with anti-depressants, it was not considered appropriate for her to see a psychiatrist. Sophie felt that she had been intentionally misled by the doctor who gave her the medication, so that she would no longer be able to access other forms of support.

Sophie was due to have her second child through caesarean section. However, at the last appointment prior to the birth, the doctor told her that this would no longer be possible. Sophie described this as a one-way discussion, where **she was told rather than asked by the consultant about how the birth would happen**. Sophie felt that she was not listened to by health professionals, who she informed on several occasions about the need to consult her notes from her previous birth, in order to avoid complications with her second birth. There were several issues during her labour, such as, her contractions being on top of each other as a result of the drip she was on. She had had the same reaction to the drip during the delivery of her first child, but because the doctors did not check her medical history notes, they were unaware of these risks. Sophie felt that, in these circumstances, **"both my kids were really lucky to actually come out alive."**

Following the birth of her second child, Sophie became extremely physically ill and sought help at the hospital where she was told that she would have to go on a waiting list for 5 years to be seen. Her symptoms were intense, with pain all over her body, dizziness and trouble walking. Sophie felt that she had "nowhere to turn" to access help for these issues.

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She explained how there was a frequent turnover of health visitor staff which meant that she was dealing with new people at each appointment, making it hard for the health visitors to get a full understanding of her issues. She said: "It's always different people so how can one person actually really take the time... they might write it down but the next person might look at it and they don't know what exactly is meant by that or what's going on."

Sophie felt that this inconsistency existed not only with health visitors but with doctors and consultants who were overseeing her care during her pregnancy. For example, throughout her pregnancy, Sophie had been taking aspirin, which her doctor insisted she should continue to take. However, she was told by another doctor when she went into labour that "You shouldn't be taking aspirin going into labour... it's so dangerous for you." This meant that she was receiving different advice and instructions from various health professionals, leaving her confused and unsure of how best to protect her and her baby's health.

The issues Sophie experienced with her physical health after her second birth exacerbated problems she was having with her mental health. Sophie was not aware of peri-natal mental health risks, which meant that when she started experiencing symptoms associated with peri-natal depression, she felt as though **"I didn't know what was wrong with me."** Sophie described a particularly distressing experience following the birth of her second child, where she could not carry her baby down the stairs due to the overwhelming fear that she might fall: "I felt like my whole foot was going to break!" It was approximately a year before Sophie felt safe enough to walk down the stairs with her baby, leaving her extremely restricted in terms of where she could go and what she could do.

Jennifer: Cancer Treatment & Increased Hospital Waiting Lists

Jennifer was diagnosed with breast cancer in August 2019 and was receiving treatment for this up until April 2020, just after the pandemic began. When Jennifer received her diagnosis, she had to leave her job, as she felt she would no longer be well enough to continue working.

Jennifer was receiving radiotherapy in March 2020 when news of the pandemic began to circulate. Within a matter of days, the hospital setting she was familiar with had radically changed; with PPE and social distancing becoming the norm almost overnight. Thankfully, Jennifer was able to receive the majority of her treatment before the worst effects of the pandemic started being felt. However, even in the early days of the pandemic, Jennifer could see the initial impacts of the pandemic on hospital patients and healthcare staff.

The week before the UK's official lockdown was announced, Jennifer was in hospital, which she described as being "over-flowing" with patients. Due to such high capacity, Jennifer, along with a number of other patients, had to lie on trollies in the accident and emergency (A&E) department for three days before she could get a bed in a ward. In Jennifer's words: **"Men and women, everybody just on this... it nearly was like a make-shift ward because it was all they could do; there were so many coming in."** As the pandemic had not yet been officially announced, patients in this cramped environment were not wearing masks or social distancing, which Jennifer described as a "scary" experience. Four days after she returned home from hospital, the country was put into lockdown.

Prior to the pandemic, the health service was already under significant strain. Jennifer explained how patients from different areas in Northern Ireland were being told to travel to Craigavon for treatment, coming from as far as Newry, Annalong and Newcastle, due to hospitals being at maximum capacity and the closure of hospitals in Dungannon and Lurgan. Jennifer had to travel to Belfast to receive her chemotherapy, which was a forty-five-minute journey for her in each direction. This meant that Jennifer could not go home to rest during the gaps between her appointments and instead had to wait at the hospital for the majority of the day. For example, Jennifer would be told to be in Belfast for 8.30am where she would wait to see a nurse and doctor; this wait sometimes being between two and three hours. After seeing the nurse and doctor, she would be given a time to return when there was a free chemotherapy chair. The chemotherapy itself took approximately two hours. **This could mean Jennifer leaving the house at 7.30am and not getting home until about 5 or 6pm.**

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Government restrictions meant that Jennifer could no longer bring family members or friends along with her to her appointments. Ordinarily, there would be staff in the hospital who were available to talk to patients during these waiting periods to keep them company. However, because of the pandemic, this was no longer allowed. Due to social distancing measures, Jennifer could also no longer chat to other patients in waiting rooms the way she had done previously. **Jennifer described feeling “vulnerable” in this situation, leaving her with “too much time to think.”** The introduction of PPE, such as face masks, also made it harder for Jennifer to communicate with healthcare staff, particularly because she has hearing difficulties and sometimes relies on watching people’s lips to ensure that she has heard them correctly.

Jennifer received a shielding letter in March 2020 which meant that between March and June 2020, she could not leave her house, except to go to hospital appointments. Although she was able to speak to friends and family over the phone, Jennifer found this extremely difficult. Jennifer particularly missed being able to see her grandchildren and have them over for sleepovers, which she very much enjoyed doing prior to the pandemic.

Looking back over the past year, Jennifer felt lucky in her experiences of accessing cancer treatment, compared with others who may not have had such an early diagnosis or who had appointments cancelled or postponed. She felt that, if she were to have been diagnosed any later, her treatment may have been delayed due to the impact of the pandemic, particularly since waiting lists seem to be getting longer. She gave an example of a family member who was diagnosed with cancer in January 2021 and, as of June 2021, still has not been able to have an operation or treatment. This is in contrast to her own experience, where she was able to have an operation within a month of receiving her diagnosis.

Tracy: Maternal Health & Mental Health

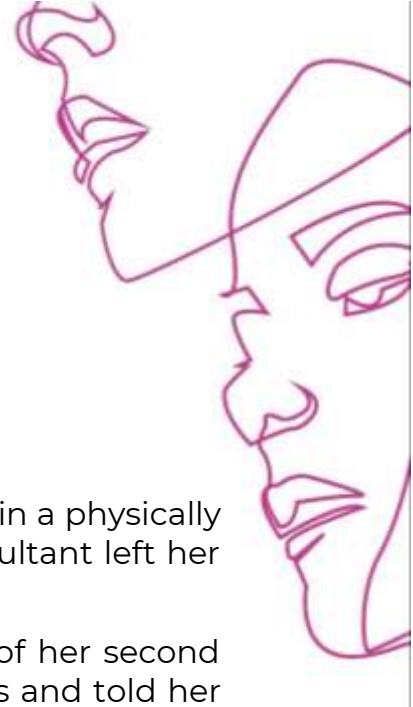
Tracy is a mother of two, whose second child was born just before the pandemic began. Tracy had a number of negative experiences during and after the birth of both children and has experienced mental health issues throughout her time as a new mother.

Tracy described a particularly distressing experience during her time in hospital for the birth of her first child. The night after her baby was born, Tracy was sleeping in her hospital room when a midwife entered the room at 2am demanding that she breastfed the baby. Her baby had been ill following the birth and had to be kept in an incubator. **Without asking Tracy's consent, the midwife pulled her top down and forced the baby onto her.** Tracy protested, saying "What are you doing? What are you doing?" Tracy was visibly distressed, crying and asking the midwife to stop. When the baby would not latch, Tracy suggested to the midwife that they try using a bottle instead, which the midwife refused to do. Tracy reflected: "I was in shock after having a baby. They said [he] wasn't well, he was in an incubator and I'm in the middle of this hospital, still coming off the drugs from the night before and she's pulling my top down and all? I was going, what are you doing?... I was in hysterics."

There were several issues during the delivery of Tracy's second child, which she described as a "terrible experience." Following the birth, she wanted to know what had went wrong and what had happened at various stages of the delivery. Tracy had lost a significant amount of blood during the birth of her first child, causing her to become anaemic, and she was keen to find out what her blood loss levels were during the birth of her second child to establish if this had happened again. She was also keen to find out which medication she had received, as she had not been given this information following the birth. **Tracy asked the hospital for her notes from the delivery but was "passed from pillar to post," with the pandemic being used as an excuse for them being unable to provide these.** Tracy never received these notes.

After the birth of her second child, Tracy had indicated in her form that she did not want her baby to receive the Vitamin K vaccine, due to her first child having severe side effects after receiving it. As she was leaving the hospital after being discharged, a nurse informed her that she would not be able to leave until a consultant had spoken to her about her choice not to vaccinate her baby. Tracy waited an additional three hours in the hospital before a consultant came to speak to her. The consultant told Tracy that if she did not give her baby the Vitamin K vaccine, and were to get into a car accident on her way home from the hospital, that her baby would bleed to death in the car and die.

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Tracy was still recovering from the birth of her child and was in a physically and mentally vulnerable state. This encounter with the consultant left her feeling afraid and distressed.

Tracy struggled with her mental health following the birth of her second child. Tracy informed her health visitor about these struggles and told her that she would like to access counselling. She told her health visitor: "I need it. I'm not right and I don't want to take medication." In response, the health visitor told Tracy that she would visit her more often but did not point her in the direction of any support. Tracy also tried to raise concerns regarding her mental health with a doctor, telling the doctor that "I want no medication, I just want to go and see the counsellor." Tracy was keen to speak to a counsellor rather than receive medication, as members of her family had previously had negative experiences with anti-depression medication. **Tracy felt that doctors were eager to prescribe medication for mental health issues rather than allowing patients to seek non-medicative support.** She said: "They're just like ah well sure we'll give her anti-depressants and she'll be fine and that's my job done... but that is so wrong."

Tracy felt isolated in dealing with her mental health issues and felt that healthcare staff no longer seemed to care or check up on her after her baby had been born. She said: "Before you have a baby... I feel like they're on you. You're pregnant and they're... you've to go for your appointments, you've a book... see after? They don't care." Tracy described the first year following the birth of a child as "worse than any other time in pregnancy," in terms of being vulnerable and requiring additional support. Despite this, she found it extremely difficult to access support through the health service. **She described the Maternal Advocacy and Support (MAS) project, which she recently joined, as a "lifeline" for her, during such a difficult time.**

Sarah: Disability & Increased Hospital Waiting Lists

Sarah has a number of disabilities which impact her ability to work, socialise and undertake daily tasks. Ordinarily, Sarah manages these disabilities through medication, stress management and regular doctor appointments. However, the pandemic made it increasingly difficult for Sarah to do so and has exacerbated the symptoms of her illnesses.

Sarah suffers from fibromyalgia, which causes her to experience widespread bodily pain. The severity of her symptoms can vary significantly day-to-day and can be exacerbated by increased stress and environmental factors. This variance in symptoms and their severity means that Sarah is unable to commit to full-time or part-time employment. As a result of the pandemic, Sarah's pain levels have significantly worsened. When Sarah had tests done after a particularly bad flare-up in July 2020, she was diagnosed with arthritis and was told that she is also close to having cirrhosis of the liver. **As Sarah does not drink, her doctors believe this damage to her liver has been caused by the vast amounts of medication Sarah takes for pain management.** Sarah also has the bowel cancer gene, which requires her to be under constant medical observation.

Each of these conditions require careful monitoring by healthcare professionals, but due to the NHS being under significant strain, Sarah has found it difficult to secure appointments and have regular check-ups. For example, Sarah was told by doctors in February 2021 that there is a possibility she has malignant tissue in her body but, as of June 2021, is yet to be seen by a doctor to discuss the implications of this for her health. Sarah described how this experience has left her feeling lonely, scared and neglected. Sarah sees four different consultants, who each treat different illnesses with different medication, making it difficult for these illnesses to be monitored in a consistent and unified way. Sarah has struggled with different consultants giving her different and sometimes contradictory information regarding her health.

Sarah was on a waiting list to see a rheumatologist for two years before she was able to secure an appointment. Since her first appointment, Sarah ordinarily sees the consultant every six months. **However, as a result of the pandemic, these waiting times have increased and it has now been two years since her last appointment.** On the occasions when she can secure appointments, Sarah described not being listened to or taken seriously by healthcare professionals, who often attribute a diverse array of symptoms to her fibromyalgia, which is only one of a number of illnesses she believes her symptoms could relate to. As fibromyalgia is largely a "hidden" illness, it is often misunderstood by those who are not familiar with it. In addition to healthcare professionals, Sarah's friends and family don't always understand or take her pain seriously, which has had a significant impact on Sarah's mental health, who began questioning her sanity as a result.

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Sarah has struggled with her mental health for a number of years and takes medication to manage her depression. Before the pandemic, Sarah would try to get out of the house as much as possible, which she found helped to keep her mind occupied. However, when the pandemic hit and government restrictions were introduced, Sarah found herself at home for longer lengths of time. This caused Sarah to become “stuck in a rut” of sleeping during the day and being unable to sleep at night. Sarah found that: **“The first lockdown wasn’t as bad because it was this time of year, it was nice with the weather... but the second lockdown was... I would say depression kicked in bad.”**

Although Sarah’s disabilities impacted her ability to socialise before the pandemic, this has been exacerbated as a result of the pandemic. As indoor socialising was disallowed, walks were one of the only ways for friends to meet up. However, Sarah requires crutches to walk, limiting her ability to go for long walks and adding to her isolation as a result. Sarah also requires having reliable access to public seating and public bathrooms when she is out, something which has been made more difficult as a result of the pandemic. For example, Sarah used to visit her local shopping centre, where she could rest on a public bench in-between shopping, but can no longer do so as the public seats have been removed, due to the pandemic. Sarah’s illness means that she needs to be close to a bathroom at all times, causing her to reject invitations to meet with friends when she knows there will not be accessible bathrooms at the location, for example, at a public park.

As a result of her disabilities, Sarah often struggles to undertake daily tasks such as making dinner, cleaning and home-schooling her three children; responsibilities which have increased during the pandemic. Home-schooling her children was made particularly difficult by the fact that Sarah’s family initially did not have a laptop, until they were provided with one by a local community group. The pandemic has had a considerable financial impact on Sarah and her family, as Sarah’s partner is self-employed and became unable to find work, causing their household income to be significantly reduced. During this time, Sarah was largely dependent on her Personal Independence Payments (PIP) to cover essential costs for her family of five.

Chloe: Maternal Health

Chloe is a mother of two whose second child was born in Northern Ireland during the pandemic. Chloe had her first baby in Scotland before moving to Northern Ireland in 2019 and discovered she was pregnant with her second child in spring 2020.

During her first pregnancy, in Scotland, Chloe described the help and support she received as “beautiful” and “next to none.” She had three midwives and two health visitors, who all worked together to ensure that she had consistent and sustained support throughout her pregnancy and after the birth of her child. After becoming pregnant, she received a £220 mother and baby fund, which required no application and was not income-assessed, but which was automatically available to all new mothers. Chloe described how everyone around her was focused on “lifting you up” and ensuring new mothers had everything they needed to feel supported and prepared for the birth of their child. Chloe explained how, for the midwives in Scotland, “nothing was too big a problem for them” and were available to talk to at any time of the day or night.

Chloe felt that there was a “stark difference” between the support she received during her first pregnancy in Scotland and her second pregnancy in Northern Ireland. One of the main differences Chloe noted was that she **felt as though she had to fight to be listened to and taken seriously by healthcare professionals in Northern Ireland.** Chloe was keen to have a home-birth for her second baby and inquired about this with a local Midwifery Led Unit (MLU) in Northern Ireland. However, she was actively discouraged by staff to go down this route and was told “you wouldn’t want that for yourself.” Nonetheless, Chloe pursued this request and after months of conversations with healthcare professionals, was officially granted a home-birth when she was 38 weeks pregnant. However, when she phoned the Health Trust to arrange this, she was told that these arrangements could no longer be made. As a result, Chloe had to privately hire doulas to support her through her pregnancy and assist with the birth of her baby.

After the birth of her baby, Chloe found that the approach taken by healthcare professionals and health visitors in Northern Ireland towards early mothering differed greatly from the approach she had seen in Scotland. For example, in Scotland, staff were supportive of skin-on-skin cradling, tactile touch and breast-feeding. However, she found that, in Northern Ireland, she was dissuaded from taking this approach. While in hospital, Chloe was told that she could not have her baby sleep in her bed (co-sleeping), despite most hospitals in Northern Ireland being supporters of the UNICEF baby friendly initiative, which encourages new mothers to do so.

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At home, Chloe felt judged by her health visitor for adopting a skin-on-skin cradling approach, who told her that she “didn’t need to do skin-on-skin, breastfeeding is enough.” When Chloe told her that she also wanted to breast-feed, the health visitor said: **“It’s either breast-feed and have a messy house or bottle feed and be able to keep your house up.”** This gendered language upset Chloe, who felt that she wasn’t being listened to or taken seriously regarding her needs as a new mother. When Chloe asked the health visitor to look at a rash which her baby had developed, instead of offering help or advice, the health visitor accused Chloe of not washing and changing her baby properly. Chloe was reluctant to challenge the health visitor or assert herself in case the health visitor called social services, which had happened to other new mothers who she knew.

One of the key issues Chloe identified with maternal health services in Northern Ireland was the lack of continuity of care for mothers. This left Chloe confused about who to go to for support and frustrated at having to repeat her health history to each new healthcare professional overseeing her appointments. In the absence of consistent and compassionate support, Chloe received over-the-phone support from her previous health visitor from Scotland who supported her even while she was living in Northern Ireland. Another key issue Chloe identified was the over-loading of information for mothers which she found overwhelming and sometimes inconsistent. Chloe stressed that what new mothers need is **“less information, more compassion”** and that the information received should be accurate and neutral, so that mothers are “allowed to have the space to be the mum that... you want to be.”

Chloe felt that the stigma around mental health in Northern Ireland means that important issues such as peri-natal mental health are rarely talked about, despite mothers being at such a vulnerable stage of their lives and often requiring additional support. Through talking with other mothers, Chloe felt that women in Northern Ireland “are just terrified” to be honest about their feelings and struggle to voice their wants and needs, for fear of being judged or not listened to. She found that this is not only the case with new mothers and healthcare professionals, but between mothers as well, where there is a real “lack of connection.” In Chloe’s words: **“When women get together and are lifting each other up, beautiful great things happen.** However, we’re not able to because we have so much on our shoulders.”

Social Justice/ Cultural Pillar

Fiona: Racism, Education & Mental Health

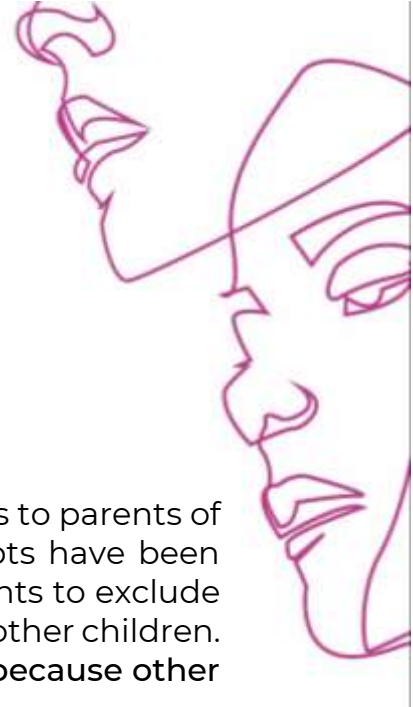
Fiona is a single parent whose son is bi-racial. Her son is currently in primary school and has been subject to racism both by other pupils and his teachers. At the age of four, her son was told by children in nursery that they did not want to play with him “because he had brown skin.” When Fiona raised this issue with his teacher, who was white, the teacher “likened it to growing up with ginger hair and said that she understood what that was like.” At the age of six, her son’s teacher played a game with the class where children were told to **“run to the child with curly hair, run to the child with glasses - run to the child with brown skin,”** in reference to her son.

On other occasions, her son has been repeatedly questioned by other children about the whereabouts of his father, who is not in his life, with questions sometimes having racial undertones. Fiona felt strongly that this language had not come directly from the children, but had come from children overhearing their parents talking like this at home. In her words: “Kids aren’t racist... parents are racists, adults are racists and they raise children to be racists.” Outside of school, Fiona described how strangers have passed her in the street and shaken their heads at her while out walking with her son, because of his race. Fiona gave other examples of her son being objectified by strangers on the basis of his race, with strangers stopping to put their hands in his hair to feel its texture, without speaking to him. She said, **“They literally treated him like an object.”**

In raising issues with school staff members, Fiona felt that conversations always became about managing their feelings of defensiveness, rather than addressing the issues faced by her son. Fiona described this constant response-management on her part as “exhausting.” Fiona has made various attempts to have cultural diversity training introduced for school teachers and has tried to encourage the incorporation of cultural diversity topics into the school curriculum. To facilitate this, Fiona even bought a number of books for the school to use and gave these to the school, free of charge. Despite these attempts, the school did not accept either of these suggestions and has not made meaningful attempts to address the lack of cultural diversity and awareness of cultural diversity in the school.

Since conversations about race and racism do not take place in his school, Fiona has had to have several difficult conversations regarding racism with her son at home. For example, in the wake of the George Floyd murder and the subsequent Black Lives Matter protests in summer 2020, she had to explain these events and their cultural significance to him, at the age of five. Despite having these conversations, Fiona feels that this work gets undone and “white-washed” when he goes to school.

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Fiona explained how she has tried to speak about these issues to parents of other children and teachers at his school, but these attempts have been futile. In some cases, these attempts have caused other parents to exclude her son from play dates, impacting his ability to socialise with other children. She said: **"I want to stand up for him, but when I stand up... because other people feel so uncomfortable, they exclude him."**

Fiona explained how the lack of representation for black and bi-racial people in Northern Ireland has negatively impacted her son's mental health. Although there is a large community of black and bi-racial people in Northern Ireland, Fiona explained how "those people's voices are never heard." In the absence of seeing others who "look like him" in his school, the media, public life and among friends and family, Fiona's son now refers to himself as a "freak." Fiona would like to move closer to Belfast, so that her son can meet other children who are black or bi-racial, but fears that by doing this, she will expose her son to increased racism. Fiona believes that her son requires specialist mental health support from a black male healthcare professional, to tackle these identity issues, but has so far been unable to secure an appointment for her son due to limited availability.

Fiona fears for the safety of her son and worries that as he gets older, he will not be treated fairly or equally by state institutions, such as the police service, due to the "institutionalised" racism which exists within them. Fiona felt that the Noah Donohoe case sent **"a very clear message to white women with bi-racial children...if your child goes missing, we're not going to do as much as we would do if he was white."** Fiona cited the stigma around bi-racial children and parents of bi-racial children in Northern Ireland as a serious issue. As a result of this stigma, Fiona described being faced with hostility from both black and white communities, causing her to feel extremely isolated. In order to tackle this stigma, going forward, Fiona emphasised the importance of conversations taking place regarding race and racism, across all sections of society. Fiona stressed that everyone has a responsibility to examine their own unconscious bias about race, as well as their white privilege, if racism is to be meaningfully addressed in Northern Ireland.

Anna: Racism, Hate Crime & Honour-based/ Domestic Abuse

Trigger warning: Mention of abuse and suicide

Anna is an ethnic minority woman who moved to Northern Ireland in 2008 with her family. She is a single parent with three children. Since they arrived in Northern Ireland, Anna and her children have experienced multiple instances of racism and hate crime. Despite experiencing racism while living in other countries, Anna said she had “never faced anything like what I have in Northern Ireland.”

Two months after arriving in Northern Ireland, **Anna and her two young children were stoned by a group of teenagers while out walking** near their home. As a result, Anna and her children were left traumatised and fearful of leaving the house. In response, the police gave the attackers an informed warning and asked them to send Anna a letter of apology, but no criminal charges were brought. Despite being victim to numerous instances of hate crime since this event in 2008, after seeing how this incident was handled, Anna never reported another hate crime to the police.

Anna has also been subject to racist verbal attacks. For example, while out driving with her children, she was shouted at by a man in a neighbouring car who told her to “go home.” Anna’s children have also been subject to racism in the form of bullying at school and physical attacks. **At four years old, Anna’s son told her that he wanted to wash his hands to make them whiter**, as a result of the racism he had been exposed to. Anna fears for the safety of her children and has instructed each of her children to attend self-defence classes, as a necessary precaution.

At university, Anna described how other students would not sit with her or speak to her, leaving her feeling isolated and excluded. As a result, Anna described how she cried every day during the first three months of her degree. Anna found that there was an extreme lack of cultural sensitivity in her university classes, with one lecturer telling an auditorium of two hundred students that the Muslim headscarf was a symbol of religious oppression and control, while Anna sat in the audience being the only student in the room wearing a headscarf. Anna has also experienced long-term racial harassment in her workplace which has affected both her personal and professional life. This has manifested in the form of a series of microaggressions, spanning two years. These have included comments from co-workers such as: **“how can an educated woman like you still believe such a thing [Islam]?”** and **“Are you sure you’re meant to be wearing your scarf like that?”**

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Anna has also experienced racial profiling while attempting to access health services. During a visit to A&E, Anna was questioned about her immigration status and treated with suspicion by health professionals on the basis of her race. This involved a doctor asking her questions about how long she had been in the country and who she lived with. As someone who now works for the health service, Anna explained how: **“people have gone from clapping me... to being race profiled.”** This is evidence of the hostile environment which exists for people from ethnic minorities in Northern Ireland. In this environment, Anna explained how: “You end up having all of these people, whether its doctors, bankers or whoever it is, acting as police officers...policing people.”

Anna is also a victim of domestic abuse and honour-based abuse, which has had a severe impact on her physical and mental health. Anna described feeling extremely isolated during this time, being unsure of who she could turn to for help. The abuse was so severe that at one point Anna considered committing suicide. She said: “As an ethnic minority woman, I never knew of the support that was out there.” This abuse has spanned more than a decade and, despite Anna leaving her husband in 2016, harassment from her ex-husband is ongoing. Anna’s ex-husband has made a number of threats to her life, which the police are aware of but who have not taken meaningful action to mitigate against this risk. In her words: **“If he does follow through his threat of actually killing me, people will look back and do a review on my case, they will literally see how many of these agencies and organisations have failed me.”**

Since 2009, Anna has made numerous attempts to seek help from police, social workers and domestic abuse charities in Northern Ireland. However, these attempts have largely been futile. Anna identified the lack of cultural competency in public services as a key obstacle in providing support to women from ethnic minorities who are victims of abuse. Honour-based abuse has an important cultural dimension, as it is often about protecting certain ideals or values associated with a particular culture or faith. However, Anna felt that police officers and social workers did not understand this, limiting their ability to support her and her children. When Anna finally escaped her abusive relationship, she and her children required specialised and culturally sensitive psychological support to work through this trauma, but she could find no such support in Northern Ireland. It was not until she found a specialist counsellor in England that Anna felt she could start to “rebuild” her life.

Lisa: Spiritual Abuse & Honour-based/ Domestic Abuse

Trigger warning: Mention of abuse and suicide

Lisa grew up in a religious conservative Christian community in Northern Ireland and was married at the age of twenty. Her Church followed the doctrine of headship, which asserts that men should occupy positions of leadership within the Church and family and that women should be their submissive subjects.

Lisa's husband was physically, psychologically, financially and spiritually abusive towards her, with their marriage being characterised by high levels of coercive control. Her husband controlled the couple's finances and would take and spend all of their money as soon as it was received. This meant that Lisa had no money of her own to buy food or other necessities. Lisa described being extremely hungry, walking the streets, hoping to find a pound coin on the pavement that she could use to buy some food. Lisa initially did not tell anyone about the abuse, due to the fear of being shamed by her community and bringing shame upon her family. Lisa's husband used this threat of shame to keep her silent; thereby allowing him to maintain control over her and keep her in the abusive relationship. In Lisa's words, the abuse was so severe and she felt so isolated that: **"The only way I could see out was if he died or I died. I used to fantasise about just driving into a wall."**

When the Church elders found out about the abuse, they called Lisa for a meeting and questioned her about what she had done to encourage her husband to be violent; pressuring her to go back to him and show him forgiveness. When Lisa made it clear that she would not stay with him, the Church elders told her that she could no longer remain in the Church as a full member and could never re-marry because, in their eyes, she was a "sinner." The Church also made efforts to excommunicate her parents from the Church for allowing her to live with them after she left her husband. Lisa internalised this shame and guilt to a large extent. She said: "I hated myself so much 'cause I brought shame on my family, I brought shame on myself. **I was, as far as I was concerned, at that time, damaged goods.**" To an extent, this shame has stayed with Lisa throughout her life.

The spiritual abuse Lisa suffered, within her marriage and the wider religious community, impacted heavily on her self-esteem. From a young age, she had been taught that as a female, she was to put God first, others second, and herself last. This meant that, when Lisa became a victim of domestic abuse, she felt that she should keep her experiences to herself and simply pray for strength to accept her situation. Lisa felt that there is a considerable lack of awareness in Northern Ireland about spiritual or honour-based abuse, which many people assume exists only in minority faiths and religions. However, spiritual or honour-based abuse can exist within any religious community, including Catholic and Protestant communities in Northern Ireland.



Lisa converted to Islam after divorcing her husband, which has given Lisa a greater sense of autonomy and has allowed her to practice her faith in a more individualised way. However, Lisa has faced widespread criticism from family, friends and her community for deciding to convert. She has been called a “race traitor” and “blinded by the devil,” for rejecting her background and bringing shame on her community. Lisa recounted experiences of Church leaders showing up at her mosque and accusing members of the Muslim community of “stealing Christian women and forcing them to convert to Islam.”

In addition, people from her previous Church called her stupid and accused her of being possessed by demons. To this day, Lisa has family members who will not speak to her because of her divorce and because she converted to Islam. Wearing her headscarf in public has also caused Lisa to become subject to discrimination and criticism. She has found that, because Islam is a minority faith in Northern Ireland, people assume that she isn't from Northern Ireland when they see her headscarf and say things to her like “speak English.” As Lisa explained: **“When you're a Muslim in Northern Ireland, you're an 'other.'”**

Going forward, Lisa emphasised the need to reform divorce laws in Northern Ireland which make it difficult for women to leave abusive marriages and can re-traumatise women in the process. In religious communities where there are already high levels of spiritual abuse, this process can increase the shame and guilt women feel when attempting to leave abusive relationships. Specifically, Lisa advised the introduction of no-fault divorce, which is legal in England, and to end the two-year wait for applying for a divorce. In Lisa's words: **“We have men and women in power who think divorce is so bad that we have to put all these hurdles in the way to stop people leaving, but all it does is put hurdles in the way of people who need to be safe.”**

Survey Responses



Key findings

- 82.1% of respondents said that their mental health had declined during the pandemic
- 81.1% of respondents who designated as carers said that their caring responsibilities had increased during the pandemic
- 58.4% of respondents had experienced either one or multiple of the following: domestic abuse, stalking, harassment, hate crime and assault
- 92.3% of respondents who attended school in Northern Ireland said they did not feel they had received an adequate relationships and sexuality education (RSE)
- 98.5% of respondents said that they would or might support the introduction of a Bill of Rights for Northern Ireland
- 50% of respondents from an ethnic minority community said that they had experienced issues in attempting to access health services

In total, we received 141 responses from people across Northern Ireland regarding their experiences during the pandemic.

Demographic composition of respondents

- 13.5% were aged 18-24,
- 17% were aged 25-32,
- 31.9% were aged 35-44,
- 17.7% were aged 45-55,
- 16.3% were aged 55-64, and
- 3.5% were aged 65+.

We also asked participants about their gender identity and if they identified as LGBTQI+, Disabled or Black, Asian or minority ethnic (BAME) and received the following responses:

N.B. Respondents could select multiple options.

- Female - 95%
- Male - 2.1%
- Trans woman - 0.7%
- Trans man - 1.4%
- Non-binary - 0.7%
- LGBTQI+ 18.4%
- Disabled 15%
- Black, Asian and/or Minority Ethnic (BAME) 2.8%

Employment Status:

- 51.8% were in full-time employment,
- 16.3% were in part-time employment,
- 11.3% were students,
- 7.8% were self-employed,
- 5.7% were unemployed,
- 2.8% were retired,
- 2.8% were stay at home mothers or on extended maternity,
- 1.4% were either disabled and unable to work or a full-time carer.

Geographic Location:

- 68.1% live in an urban area,
- 26.1% in a rural area,
- 2.7% in a town,
- 2.1% in a suburban or semi-rural area,
- 1.4% in a part-rural/part-industrial area.

Survey questions

Q.1. Overall, how has the COVID-19 pandemic impacted your life, in terms of your financial, personal, health and social well-being?

Q. 2-4 – Demographics

Q. 5. What is your employment status? Has it been affected as a result of the COVID-19 pandemic? If so, how?

Q. 6. Has your financial situation been affected by the COVID-19 pandemic? If so, how?

Q. 7. Do you have children? If so, have you been able to access childcare during the pandemic?

Q. 8. How have your caring responsibilities been impacted by the pandemic? Have you been able to access Carers' Allowance?

Q. 9. Have you ever had to access food banks? If so, what was this experience like?

Q. 10. Have you ever been a recipient of Universal Credit? If so, what was this experience like?

Q. 11. Do you live rurally? If so, how has this impacted your experiences during the pandemic?

Q. 12. How has your physical and mental health been affected by the COVID-19 pandemic?

Q. 13. Have you been impacted by increased waiting lists for hospital appointments?

Q. 14. Have you accessed or attempted to access abortion services during the pandemic? If so, what was this experience like?

Q. 15. If you belong to an ethnic minority community, what has been your experience in regards to accessing healthcare services?

Q. 16. Have you accessed or attempted to access healthcare services relating to maternity, pregnancy, perinatal mental health or birth-giving during the pandemic? If so, what was this experience like?

Q. 17. If you are a disabled person, have you faced hardship as a result of your disability during the pandemic? If so, in what ways?

Q. 18. If you are a migrant, have you ever been subject to the 'No Recourse to Public Funds' condition? If so, what was this experience like?

Q. 19. Do you believe there is a problem of 'rape culture' in Northern Irish society? What are your reasons for this?

Q. 20. Have you ever experienced domestic abuse, stalking, harassment, hate crime or assault? Could you please tell us about this experience?

Q. 21. Have you ever been targeted by online abuse? If so, in what way and how did this impact your personal wellbeing?

Q. 22. Did you attend school in Northern Ireland and if so, do you feel that you received an adequate Relationships and Sexuality Education (RSE)? Could you please explain your reasons for this?

Q. 23. Are you concerned about the impact of Brexit on women's rights in Northern Ireland? Could you please explain your reasons for this?

Q. 24. Would you support the introduction of a Bill of Rights for Northern Ireland? Could you please explain your reasons for this?

Q. 25. Please detail any other experiences you would like to share from the past year in relation to the pandemic.

Overview of key findings

N.B. Respondents could select multiple options for some questions.

In terms of the financial impact of COVID-19, our key findings were:

Impact on Employment:

Yes – 53.2% / No – 46.8%

- Increased hours – 28%
- Decreased hours – 25.3%
- Furloughed – 16%
- Reduced Pay – 14.7%
- Working from home – 13%
- Business Closure – 4%
- Made redundant – 2.7%

Financial Impact:

Yes – 56.7% / No – 43.3%

- Less savings – 49.4%
- Struggling to pay bills – 34.6%
- Increased debt – 22.2%
- More savings – 34.6%

In addition, it is worth noting that our research found that:

- 12.4% of respondents had to access food banks,
- 17.7% of respondents had been recipients of Universal Credit,

Rural Access Poverty:

- 65.8% stated that their internet connection was not stable,
- 55.3% felt isolated from support networks,
- 39.5% struggled to access goods and services during the pandemic and,
- 34.2% struggled to access healthcare during the pandemic.

In terms of caring responsibilities during the pandemic, we found that:

- 61.4% of respondents had children and 30.4% of respondents were single parents. Among those with children:
- Struggled to access childcare during the pandemic – 29.2%
- Relied on family for childcare support before the pandemic – 13.5%
- Relied on family for childcare support during the pandemic – 14.6%
- Work has been affected by childcare responsibilities – 31.5%
- Struggled to pay my childcare bill – 6.7%

Caring Responsibilities:

Almost 40% of all respondents had caring responsibilities. Out of all with caring responsibilities:

- 33.3% were unpaid carers and 6.5% were paid carers,
- Just 15.1% of carers have been able to access Carers' Allowance.
- A striking 81.1% of carers said their caring responsibilities increased during the pandemic,
- 11.3% of carers said their caring responsibilities stayed the same during the pandemic,
- Just 7.5% of carers said their caring responsibilities decreased during the pandemic.

In terms of the health impact of the pandemic, we found that:

Health Impacts:

- 82.1% of respondents said that their mental health had declined during the pandemic,
- 57.9% of respondents said that their physical health had declined during the pandemic,
- 38.1% of respondents have been impacted by increased waiting lists,
- 1.4% accessed or attempted to access an abortion during the pandemic,
- 50% of people from ethnic minority communities experienced issues accessing healthcare services,
- 15.9% Accessed or attempted to access healthcare services relating to maternity, pregnancy, perinatal mental health and birth-giving during the pandemic,
- Out of all migrants that responded, 4.5% were subject to 'No Recourse to Public Funds'.

Other findings relating to social justice and rights issues included:

Rape Culture, Domestic Abuse, Stalking, Harassment, Hate Crime or Assault:

- 56.7% of respondents believe there is a problem with 'rape culture' in Northern Ireland society,
- 38.8% stated maybe there is a problem with 'rape culture',
- Just 4.5% stated that there is not a problem with 'rape culture',
- 58.4% of all respondents had been victims of domestic abuse, stalking, harassment, hate crime or assault,
- 21.2% had been targeted by online abuse.

Relationships and Sexuality Education in Northern Ireland:

- 83.6% of respondents attended school in Northern Ireland,
- Out of those, a striking 92.3% felt that their Relationship and Sexuality Education was inadequate.

Brexit and a Bill of Rights for Northern Ireland:

- 55.1% of respondents were concerned about the impact of Brexit on women's rights in Northern Ireland,
- 38.4% were unsure about the impact of Brexit on women's rights and,
- Just 6.5% were not worried about Brexit and the impact on women's rights in Northern Ireland.
- 71.3% of respondents supported a Bill of Rights for Northern Ireland,
- 27.2% stated that they would maybe support a Bill of Rights for Northern Ireland,
- Just 1.5% stated that they do not support a Bill of Rights for Northern Ireland.

Question Responses

Economic Justice Pillar

1. Overall, how has the COVID-19 pandemic impacted your life, in terms of your financial, personal, health and social well-being?

"The pandemic has affected my mental health and anxiety levels, I've been providing more care to family members as they've been shielding, but I've been able to save money for the first time in my life and feel more connected to others. I started a PT job working from home but I'm scared to go back to the office. My pain conditions have worsened as the gym was closed and I couldn't access therapies."

"Severely limited access to family and friends, have had to relocate into another household for additional support, hardly leave the house except for exercise."

"I work harder but without the payoff of having nice things to do in my spare time. On the plus side the lack of commute and flexibility of home working has been positive, but on the other hand work can feel relentless with nowhere to switch it off as your home is your office. I'm also experiencing chronic fatigue from having COVID and that hasn't helped."

"Due to the nature of my work my workload increased hugely during the pandemic and trying to juggle the increased workload with home-schooling and caring responsibilities meant my own health and wellbeing has suffered greatly. I've found it extremely difficult to make time for myself and when I do find the time, I'm usually too exhausted to do anything to help my wellbeing."

"My work-life balance has been difficult to maintain which resulted in me reducing my hours in work for a short time. Thankfully though, through the furlough scheme, I didn't lose out financially. I've actually benefited financially as I'm working from home which is saving me on travel and parking costs at the office."

"Financially I'm struggling. I'm self employed. I'm struggling to access adequate medical support even just a simple phone call with my GP is rushed and a 3 day wait."

"As an international student, I have not been able to see my friends and family in over a year and a half. I have been very lucky to be able to shelter in place as a student, but it has been difficult to not be able to see loved ones in that long."

"I have felt incredibly isolated and I have found that it's effect my ability to concentrate and do uni work. I have lost contact with friends during the pandemic due to no longer seeing them in person and my mental health had definitely been up and down. I have not been negatively effected financially though."

"Financially - very difficult although my salary did not change the cost of day to day life did. Shopping and groceries for two growing boys at home every day - electric costs and heating costs have been a constant struggle. often I have to use my parents who are 70&80 respectively for money, home essentials and help with heating oil payments. Personally Its pretty soul destroying whilst working full time 30hrs a week. In the beginning I worked from home and it was an awful experience . I was unable to get any work done with constant interruptions of a young primary school child and a year 9 14 year old. Coupled with stress of covid - and employers not aware of long-covid and pressures at home - going back to work when child minders returned was a little relief. My younger son has fell dramatically behind with his reading and is now required to have additional teaching. Its been hard - but i think harder for my children."

"Financially, I have had to go and get a second job to make ends meet with university. My health has changed, I have put more effort into fitness however I have decreases my quality and quantity of sleep causing me to almost constantly be shaking. I have just started to be able to feel socially comfortable these last few months but I still seem to be facing the same levels of anxiety. I have only now started to see a decrease in anxiety attacks which are the most extreme my anxiety has gotten. I have gotten closer to my family but I didn't get to consolidate relationships before my friends left for university."

"It was quite a struggle for me being pregnant, having to work from home and having a toddler at home. I had weekly phone calls with my councillor at the time which definitely helped but my mental health definitely took a hit."

"I am a student so covid has heavily impacted my journey being a student, attending the university, meeting friends and just the entire university experience. Financially has been okay but now as I look for a placement, no one is opened in my sector or starting projects, as they fear they will have to close again. And in my health, my person has been okay, things have happened but I am trying to have a good mind set about them, however worrying with doctors appointments being so hard to get and a terrible waiting time."

"I have been isolated, because of my health and being pregnant at the beginning of the lock downs I was off work. The lack of exercise, social interaction all added to my isolation and affected my mental health."

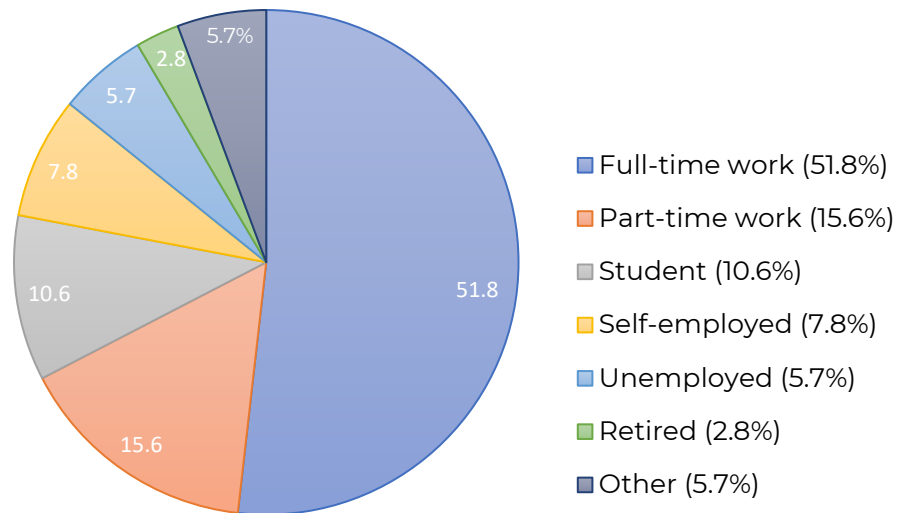
"Increased feeling of isolation and detachment from life experiences of shopping socialising and the developmental needs of the children also. financial struggles with running of the house, ie increase in food, electric and heating, as within the home 24/7 and kids at home this whole period of time, deterioration in physical needs ie dentist appointments, placing more stress on mental health."

"It has directly affected my finances as I could not go back to work after having my son not only was I to afraid and childcare became even more scarce than before. I also have a 13 year old daughter who could not be placed in childcare so it was impossible. Alott of relationships became broken also fear stopping family connecting especially as there was a lack of everyone able to get on zoom.. I became suicidal at one point and have heard many stories of people feeling this way also including children."

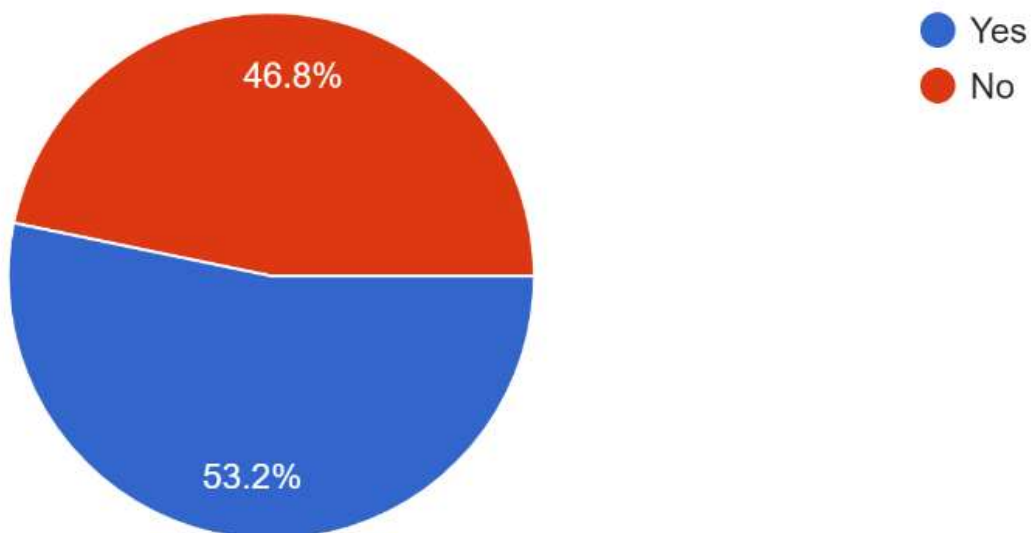
N.B. Additional responses included in Appendix

N.B. Questions 2-4 related to demographics. Demographic breakdown provided on page 36.

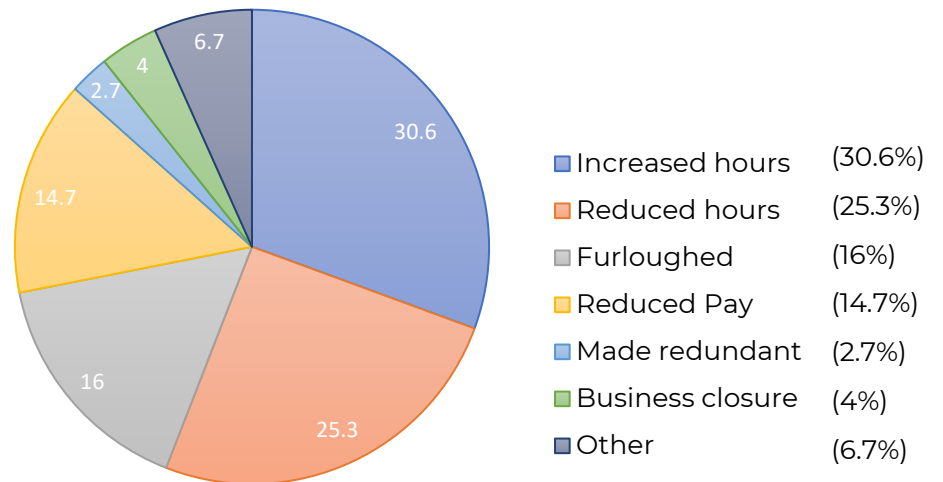
4. What is your employment status?



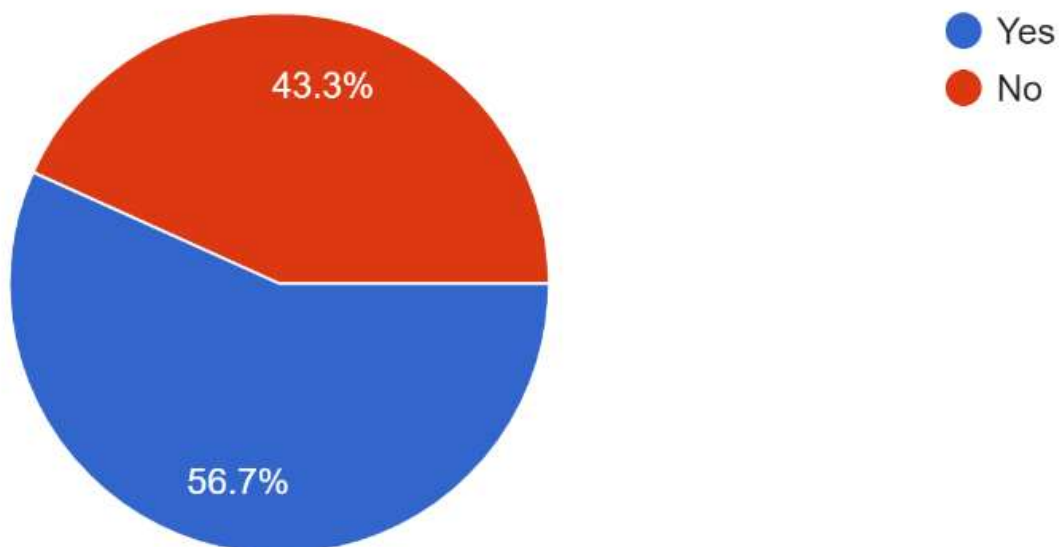
5. (a) Has your employment been affected as a result of the COVID-19 pandemic?



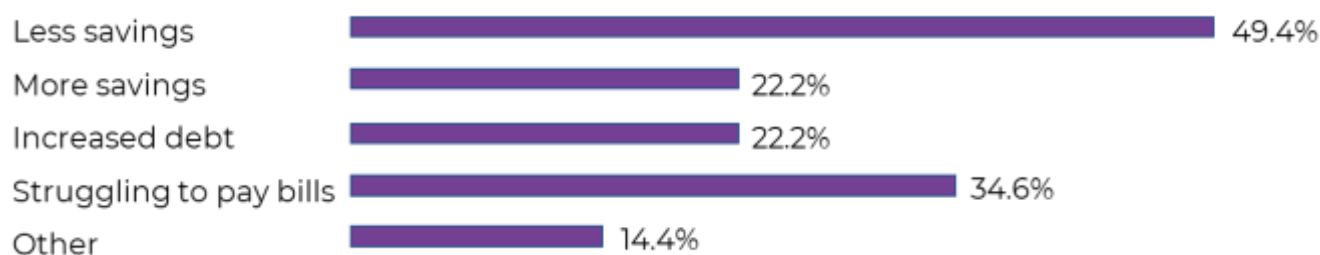
5. (b) If yes, in what way has it been affected? (please select all that apply)



6. (a) Has your financial situation been affected as a result of the COVID-19 pandemic?



6. (b) If yes, in what way has it been affected?



6. (c) Please feel free to elaborate on any 'other' ways in which the pandemic has impacted your financial situation in the box below.

"Paying rent for a privately owned university house which I have not lived in since October. Ended up in a new job in the supermarket industry due to no furlough from previous hospitality role."

"I became the main bread winner as my husband is self employed and his work was deeply impacted but because I work and because his business was newly established, we weren't entitled to any financial assistance."

"In the second lockdown when schools closed, we had to pay for childcare to allow us to work - key workers were allowed to send children into school but as we weren't key workers we had to pay £35 per day."

"Less graduate jobs for people graduating, and yet universities continue to accept our money and promise us the sun. Two degrees later and graduating top of my year at undergrad and I still can't find a decent grad job."

"My son didn't cope very well during the pandemic and we live 100 miles away from family so I left my very well paid role to take another with more work/life balance and flexibility."

"I always relied on overtime to earn a reasonable wage but on furlough I only received 80% of 4 hours according to my contract."

"Food and the cost of childcare has increased, wage has remained the same, my child is having to do without."

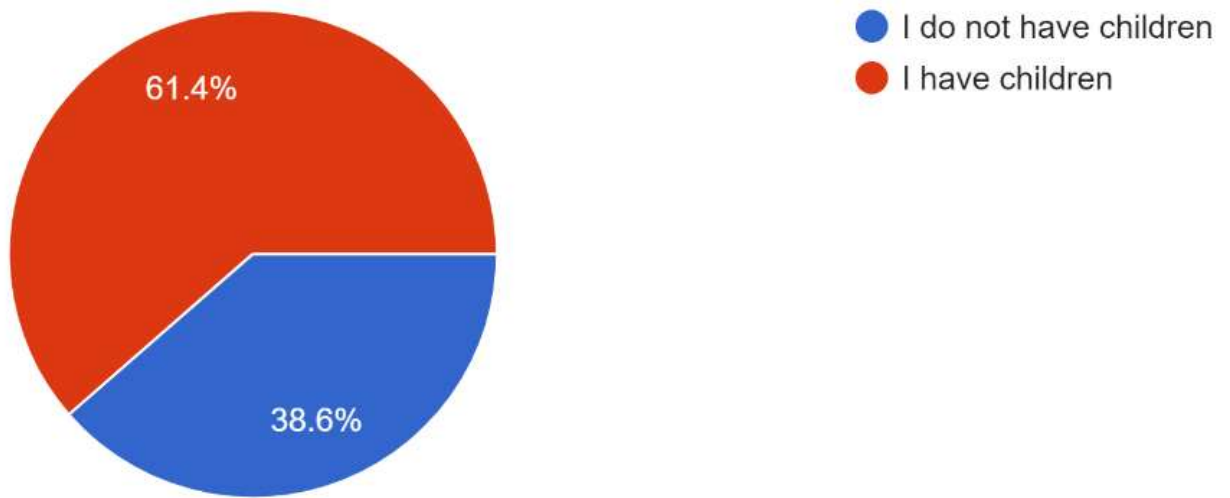
"The usual cheaper clothing shops etc were closed, have two young boys growing and had to use online more expensive clothing."

"Seasonal work to top up employment salary disappeared."

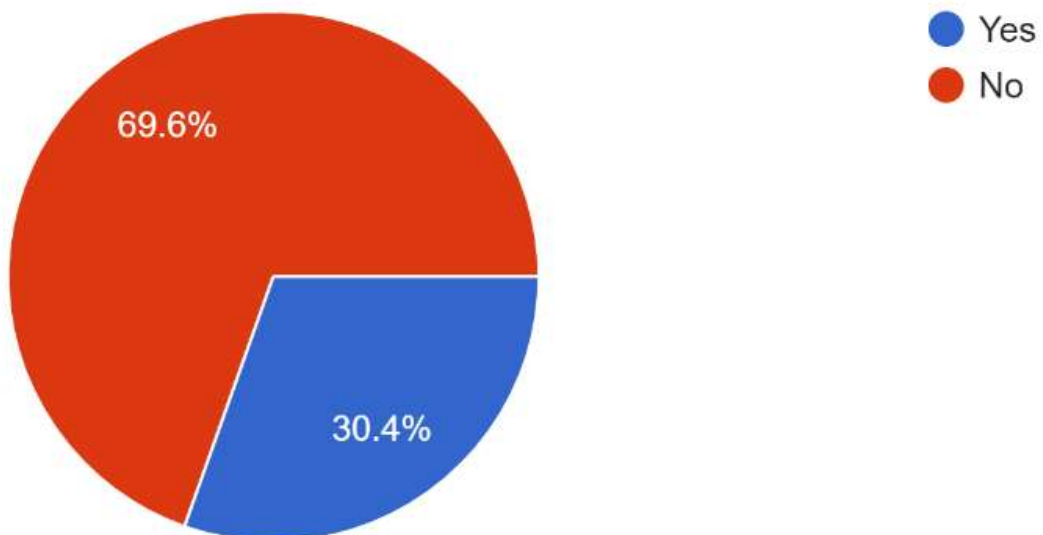
"Lack of savings has had an impact. Awaiting benefit payments every 2 weeks is very stressful."

"I have 2 credit card debts a huge overdraft and credit union loans I didn't have before this."

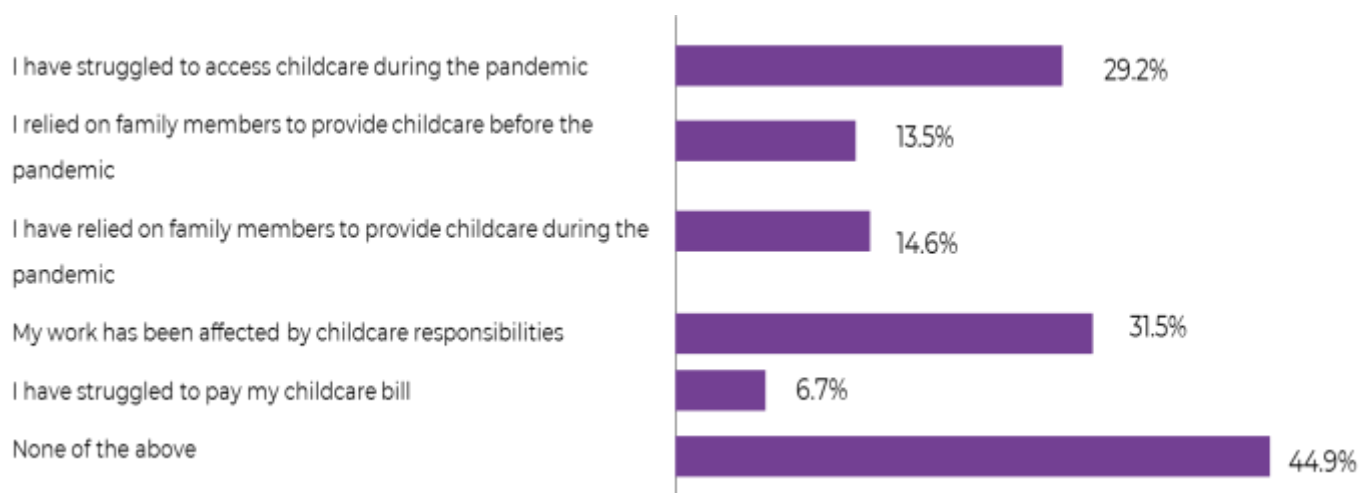
7. (a) Which of the following best describes you?



7. (b) If you have children, are you a single parent?



7. (c) If you have children, which of the following apply to you?



7. (d) Please detail any other experiences you would like to share in relation to accessing childcare during the pandemic in the box below

"My in-laws previously provided childcare for me pre-covid but unfortunately, my father-in-law had to shield during the first year of the pandemic so as the only parent working from home, I held the main childcare responsibilities. Trying to home-school (with very little support from the school), entertain, feed the children and keep them safe whilst trying to work from home was extremely difficult. It meant I had to start my working day slightly later which then went on longer into the evening which made it more difficult to switch off and sleep and then before you know it the next day the cycle continued."

"COVID highlighted the ridiculous situation our labour market produces, we go to work to pay other people to look after our children. This is ridiculous. We should have a much better system and much more opportunity to have stay-at-home parents and to enjoy flexible working so that we can have and ENJOY our families without losing out."

"My disabled adult son resides with me. Registered as his full time carer with SE health trust.. I lost my daughter to cancer in 2017 from which I will never recover. However I remember the years of struggle being a single parent, working, studying with no family support and in the preceding 15 years I did all I could to help young women access benefits & housing in a very deprived area. Resigned due to burn out & no support!"

"I co-parent my partners children at the weekends and whenever their mother needs assistance. However it has been difficult as she moved them to a school far from where we live and we haven't been able to provide as much childcare as we wanted because travelling during the pandemic is very difficult when only I drive and my partner doesn't."

"My husband and I worked from home during the first lockdown and took care of the children at home, and I home-schooled them both. During the second lockdown my husband went back to the office and I cared for and home-schooled (and worked my 31 hours per week) from home. We saved money on private after-school care but it was tough on me."

"While I do not have children, almost all my friends who do have essentially vanished from my life. I think this is due to the burden of childcare falling to them instead of their children's fathers. Extremely disheartening to see this is still the case today."

"I feel quite lucky as I always have had a registered childminder for my youngest son. When she was allowed to open - she did and my son was able to go full time whilst I worked. In the beginning of the pandemic lockdown working from home with 2 children with large age gaps was honestly emotionally a dreadful experience "

"As a teacher I was working from home and did not feel it was safe to send my children for supervised care in a school while I worked. It would have also impacted their learning as I had to teach them during the lockdown and did not feel comfortable that they would not have been taught."

"There has been a little bit of flexibility for working parents but mostly just expected to get on with it and it was very tough to get school work done and do proper work during the day so a lot of night working."

"Feeling alone as my partner worked throughout and not being able to see family or friends was very difficult. I felt my life was contained to looking after my son, cooking and cleaning."

"I unfortunately cannot rely on family child care due to also caring for my disabled mum who would be at a higher risk of death if she is infected by covid-19 due to my job with the NHSCT."

"As above - challenge of not being a key worker meaning access to free childcare was denied. We both had to work and there was no option to be furloughed and have no families in Belfast so childcare was extremely stressful"

"I live in a rural area with only 1 daycare which had no spaces and the childminder couldn't look after my wee one because she was homeschooling 3 children of her own."

"The childcare bill has gone up, cost of inflation. My wages haven't gone up, because I'm in probation in my new job, so not eligible for the increase everyone else gets."

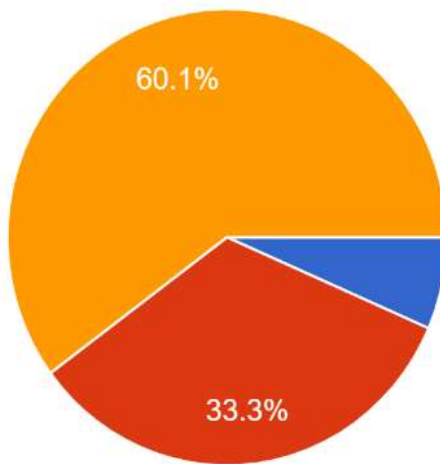
"I had no access to childcare for 4 months over the pandemic as creche was closed & put pressures on my work & relationship."

"I was on maternity during first lockdown, couldn't get a childcare place, had to leave my home and go to parents to get childcare support."

"Unclear message and being made to feel as a frontline worker we should not be sending the child to school."

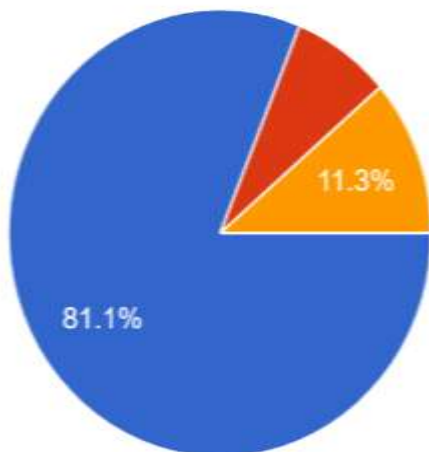
"I have struggled with childcare due to schools reducing services as I relied on the breakfast clubs and afterschool clubs to allow me to work my full hours."

8. (a) Which of the following best describes you?



- I am a paid carer (6.5%)
- I am an unpaid carer (33.3%)
- I do not have caring responsibilities (6.5%)

8. (b) If you are a carer, which of the following applies to you?



- Caring responsibilities have increased during the pandemic (81.1%)
- Caring responsibilities have decreased during the pandemic (7.5%)
- Caring responsibilities have stayed the same during the pandemic (11.3%)

8. (c) If you are a carer, how have your caring responsibilities affected your work/ personal well-being during the pandemic?

"Trying to juggle caring with work and homeschooling/school runs and homework and trying to take some time for myself has been extremely difficult. I am tired all the time. I was caring for both parents during the pandemic however my mothers caring needs increased during the pandemic due to the progressive nature of her illness which meant trying to co-ordinate the care of 2 people. We couldn't accompany mum to chemo or hospital which was difficult emotionally as it felt she was going through it all on her own. I found caring during covid very emotionally difficult and physically draining. When mum got more ill at Christmas I was travelling up and down to Belfast or staying overnight with her to co-ordinate her care etc which meant I didn't get to see my husband, children or friends for many months. I had to reduce my hours in work in order to try to juggle everything but then was getting more stressed because I wasn't getting all the work done that I needed to."

"I now have an increased work load as working for the NHSCS, as well as balancing caring for my disabled mum who no longer can do things for her self due to covid, we used to have a cleaner who was employed for 4 hrs a week over 2 days to enable me to spend time with my husband and 4 year old unfortunately she stopped and longer clean for my mum due to the risk of Covid, unfortunately this has fallen on to me to manage as well."

"My life is now esentially home working and continuous care. My calendar is dictated by the date on blister packs of medicine, calls to GPs, etc in addition to working an average 10 hours a day. I worry that I do not have enough time for 'activities' with my mother who has major problems following strokes. I am neglecting my partner."

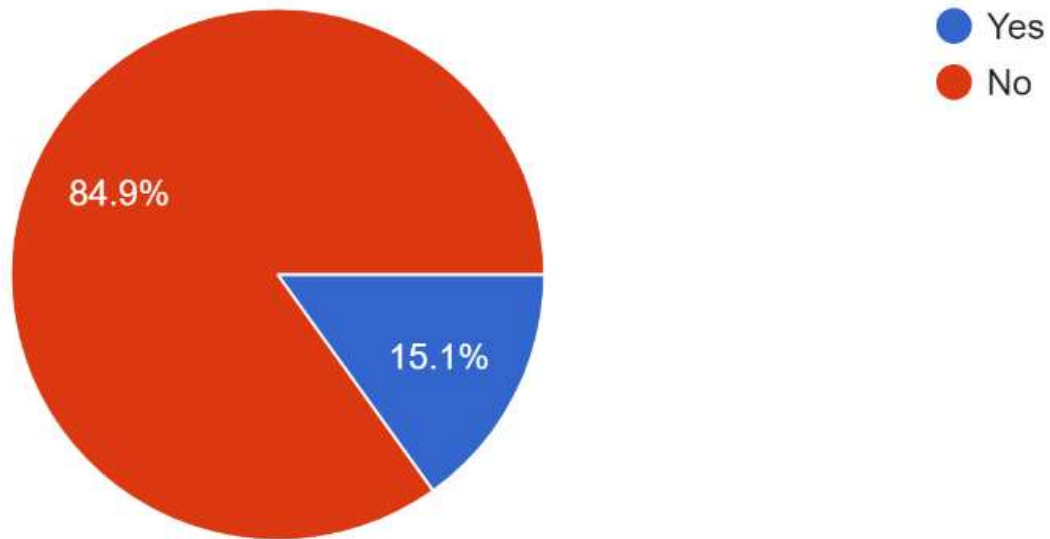
"It's anxiety inducing that the people I care for are vaccine hesitant and are too scared to get a vaccine despite being medically vulnerable. It's been a tough adjustment to provide additional care. I can't access Carers Allowance as I earn slightly too much in my PT job."

"My adult son is autistic & also has learning disability. This time has been very difficult for both of us however we just muddled through and helped and supported each other when times got tough. I have found that you have to demand support from SE health trust and not back down. Also limited access to GP and other health care professionals as you don't want to be a nuisance, you just get on with daily challenges."

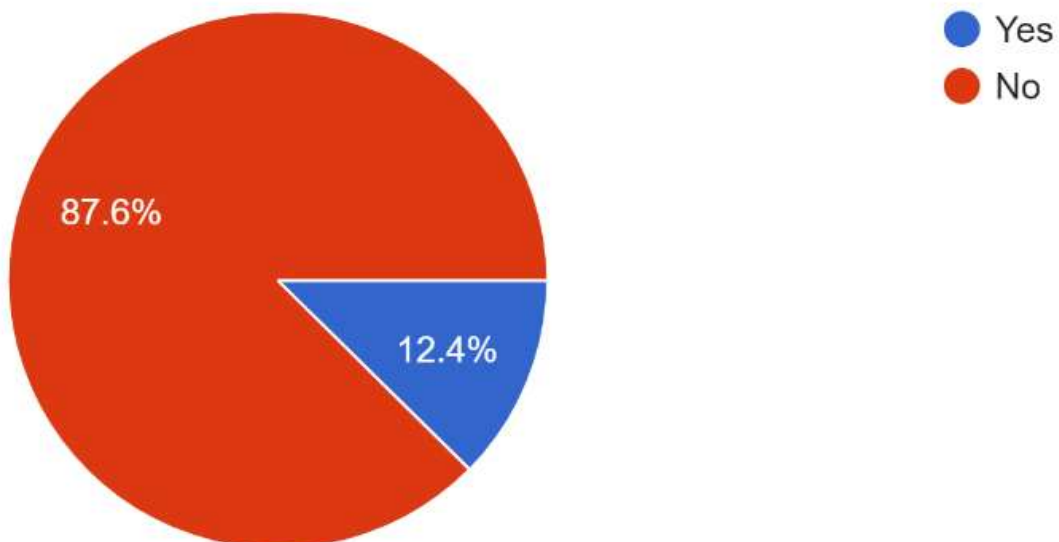
"Although my parents are quite fit - they were both shielding during the pandemic, my mother more so. My father is in his 80's and limited walking etc and I spent a lot of time going to shops and getting messages, medication at pharmacies and checking on them daily."

"My daughter is vulnerable and has a rare genetic condition she was at home even though special schools had reopened so I had less time to myself which was difficult. However my daughter coped better being at home and her overall behaviour improved."

8. (d) If you are a carer, have you been able to access the Carers' Allowance?



9. (a) Have you ever had to access food banks?



9. (b) If yes, what was this experience like?

"Before the pandemic and before I got my job, I had to access food banks due to a benefit error. It was awful. I'd have preferred to have been given cash so I could make my own choices around food."

"I felt ashamed that I had to use them as a mother you feel like people would pass judgement but the people I dealt with were very nice and helpful."

"Positive, I had a lot of help during the first lockdown and greatly appreciated it."

"I was given extra food from voluntary organization's at Christmas time."

"Have been an absolute massive support and cannot thank them enough."

"Embarrassing! However the volunteers were extremely professional and helpful."

"Daunting and depressing."

"Good but a little embarrassing at first."

"Very friendly and good caring people."

"Lifeline, highlight of our week."

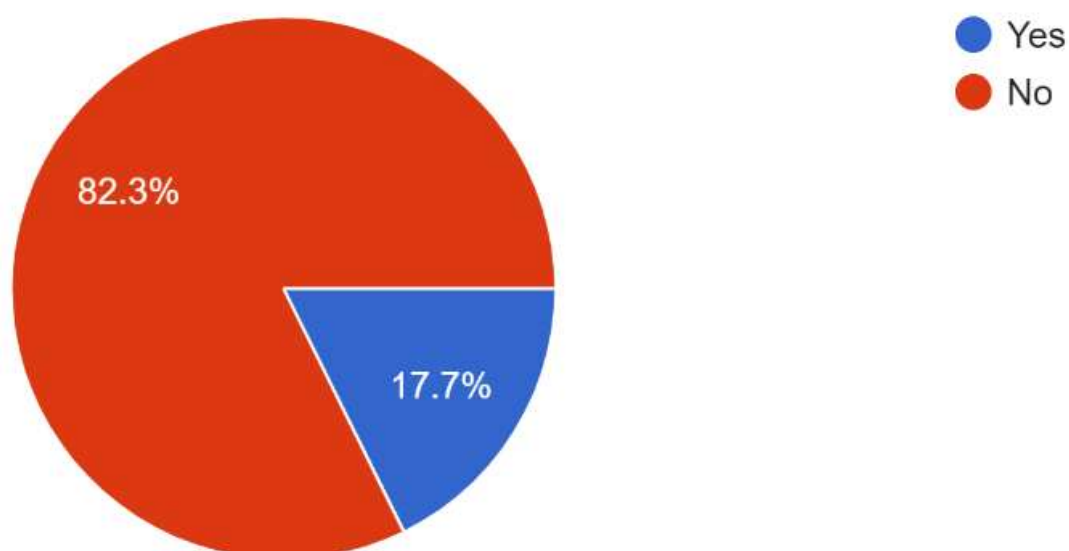
"Embarrassing."

"Relatively good."

"Embarrassing but humbling."

"Very helpful."

10. (a) Have you ever been a recipient of Universal Credit?



10. (b) If yes, please describe your experience of accessing Universal Credit.

"Scary there is limited help and no practical guidance. You are constantly pushed to find work any work."

"Long wait with no money in the beginning, forced to take an advance of money and there paying it back out of a very low income."

"I found the first couple up months externally difficult but I haven't had any bother since."

"Took a long time to qualify. Had to have help from local branches of Advice NI etc."

"Very minimal and didn't even cover rent."

"Nightmare system."

"Assessed wrongly and demanded that I pay back, increasing the debt I have."

"Again, embarrassing."

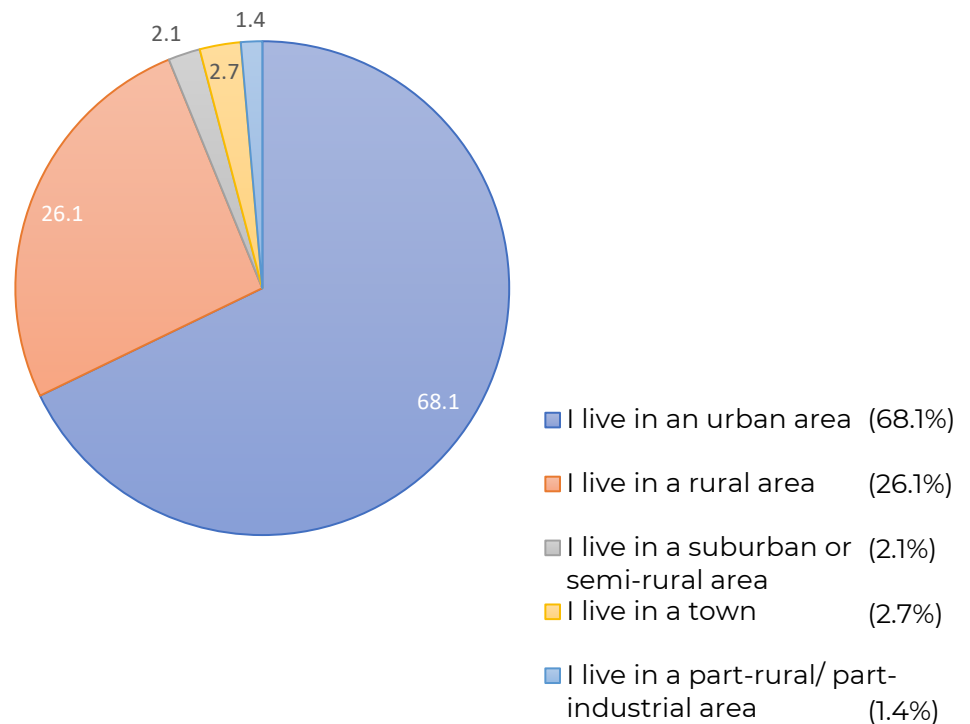
"It was job seekers allowance when I claimed it. Honestly the experience was fine but both I and the job centre staff knew I'd be in a job very soon (I'd just completed a Masters and there were opportunities out there for me) so I never felt pressurised. I did however hate the job centre environment."

"I have had the 'good fortune' of not changing over to Universal Credits as yet - and remain on Child tax credits and working tax credits - I have had issues in the past with these - however, given the lockdown and pandemic - I expect it may rear its head now we are easing restrictions."

"The system online is workable however I have unlimited access to the internet & a level 3 education, I believe those without these advantages really struggle. Not the most understanding of departments. Civil service isn't what it used to be! However I try to stay one step ahead but am aware of the change in attitudes within the civil service since the Tory's were elected many moons ago."

"Universal credit has helped me when I have been in between situations and unsure what is next, however I am lucky to have had live with my parents during this time. Not sure if I would have the same experience living on my own."

11. (a) Which of the following statements most applies to you?



11. (b) If you have in a rural area, which of the following statements apply to you?



11. (c) Please provide any additional comments on your experience of living in a rural area during the pandemic in the box below

"I have struggled to access healthcare services during the pandemic, My internet connection is not stable."

"I have struggled to access goods and services during the pandemic, I have struggled to access healthcare services during the pandemic, My internet connection is not stable, I have felt isolated from my support networks."

"I have struggled to access goods and services during the pandemic, My internet connection is not stable."

"I have struggled to access goods and services during the pandemic, My internet connection is not stable, I have felt isolated from my support networks."

"My internet connection is not stable, I have felt isolated from my support networks."

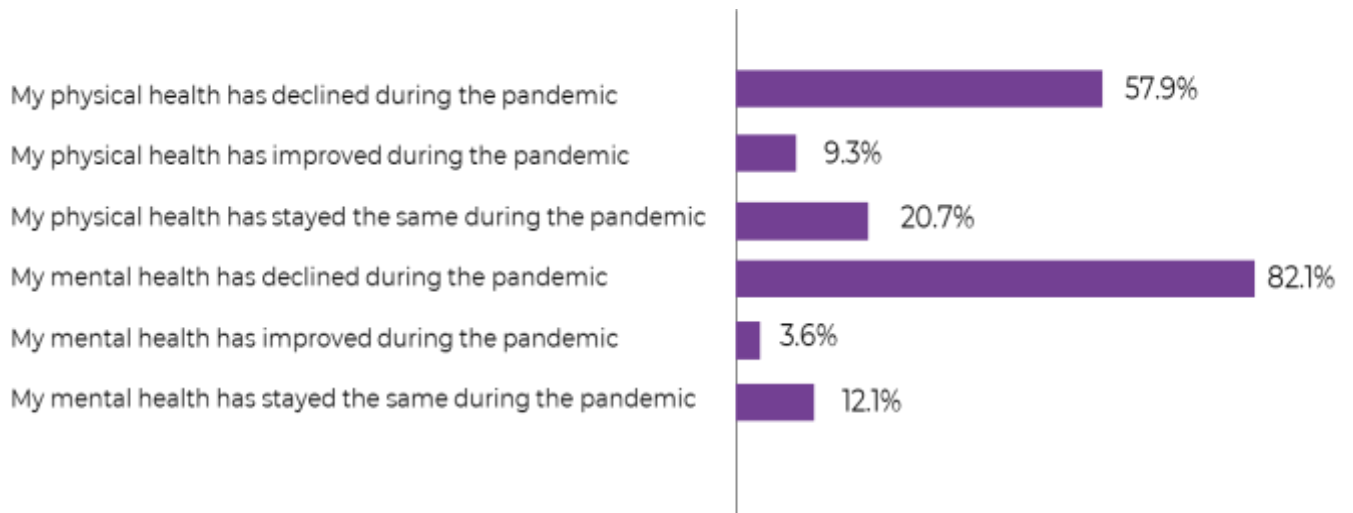
"My internet connection is not stable."

"I have felt isolated from my support networks."

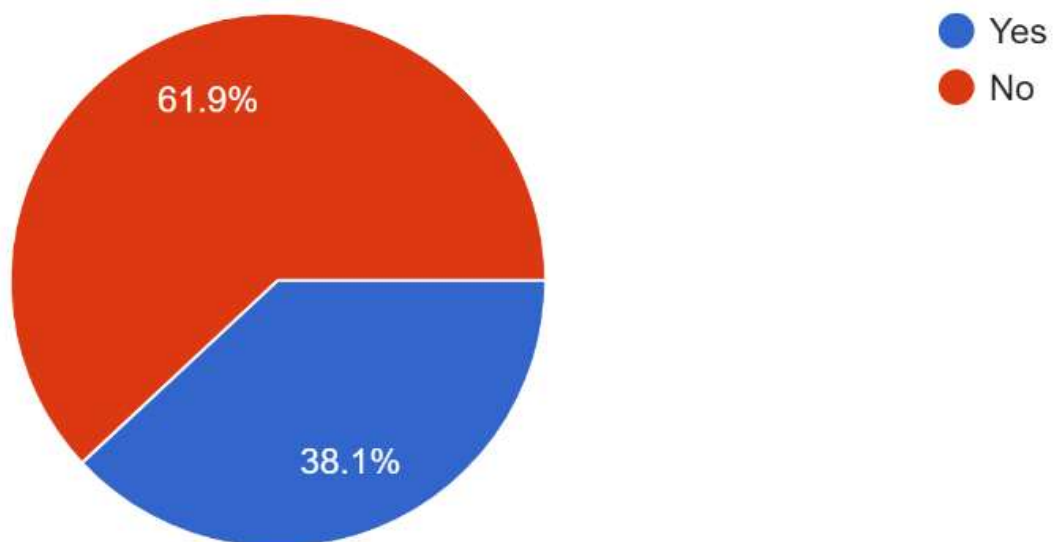
"I have struggled to access goods and services during the pandemic."

Health Pillar

12. In regards to your health, which of the following statements apply to you?



13. (a) In regards to your health, have you been impacted by increased waiting lists for hospital appointments?



13. (b) If yes, how long was the extended waiting time and how did this impact your personal well-being?

"I'm still waiting on a physio referral for injured abdominal muscles during pregnancy - my child is 8 months old. I can't exercise properly and suffer back pain constantly."

"I'm not sure how long the waiting time will be extended as I've never been updated, and I wouldn't know who to ask. I was already waiting two years for an ENT consultation when the pandemic started. I can't afford to go private."

"PAIN CLINIC HAS GONE FROM A 3 YEAR WAIT TO 4 YEARS WHICH FOR A PAIN CLINIC IS JUST UNEXCEPTABLE, WHILE STILL TRYING TO HOLD DOWN A FULLTIME JOB AND CARE FOR MY DISABLED MUM, AND I HAVE ALREADY BEEN ON THE WAITING LIST FOR 1 YEAR SO IT WILL NOW BE 5 YEARS BEFORE I GET TO BE SEEN."

"I am deaf in both ears and wear hearing aids in both I waited an extra 6mths to get an appointment at hospital for my hearing aids to be fixed and without these I have no real social aspect to my life and can't function without help from others and during covid getting the help from others was impossible so my mental health declined a lot "

"I am on the urgent waiting list to have some moles checked on my face. I have been told it could be two years before I'm seen. As some of the moles have changed colour and shape this is very worrying."

"I have waited hours for simple things like changing my pill, which makes me feel like my problems are less important and things I would normal go to the doctor's for felt too silly to go to the doctor's before."

"12 months, negatively, frustrated at lack of communication from Drs with white-coat syndrome. Health trust said they own information about my body, I disagree strongly."

"I have two chronic conditions, one neurological and one gynaecological. It was very difficult to access care for both my illnesses and now I have to go private for surgery for endometriosis in England next year as the waiting list is 2+ years in NI."

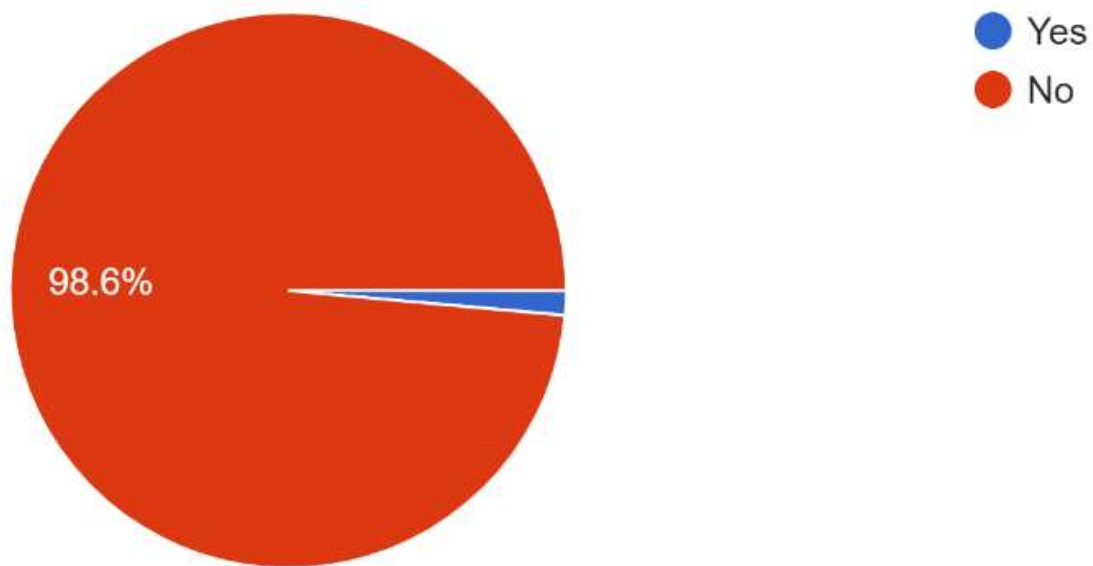
"Have been told that I will wait 4 years for neurology appt. GP refuses to send me for an MRI back scan due to financial constraints within NHS. Currently saving for MRI scan to be completed privately."

"My son is waiting on workshops and medical assessments. He has had no support or interventions. Constantly contacting the Heath trust is futile as we just keep moving to different waiting lists."

"Unknown, meant to go for a scan and have no idea how long it will be due to covid. Also had an appointment almost a year ago that was meant to have a follow-up appointment and that has not been possible."

"6 years and losing my sight. Appointment cancelled rescheduled and cancelled again and no rescheduled Appointment date confirmed."

14. (a) Have you accessed or attempted to access abortion services during the pandemic?



14. (b) If yes, and if you are comfortable doing so, please tell us about this experience in the box below.

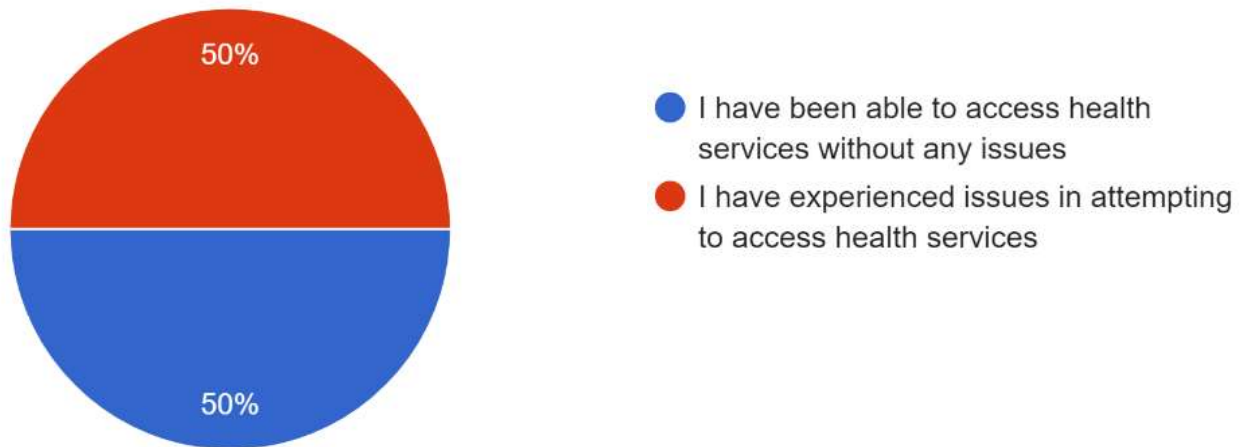
"It was for my daughter and after a few phone calls she was able to access pills."

"You did feel that because NHS was over loaded you could not ring your GP."

"Was able to access ema in local clinic in Western Trust area. Luckily at that time services were still ongoing. I don't know what I would have done if the process wasn't so easily accessible at the time. I did face a longer wait than I'd have liked due to one doctor carrying out the service but the care I received was excellent."

"Women need access to abortion services and counselling, Covid is NOT AN EXCUSE TO REFUSE SERVICES WHICH HAVE BEEN LAID DOWN BY WESTMINSTER - STOP THE EXCUSES."

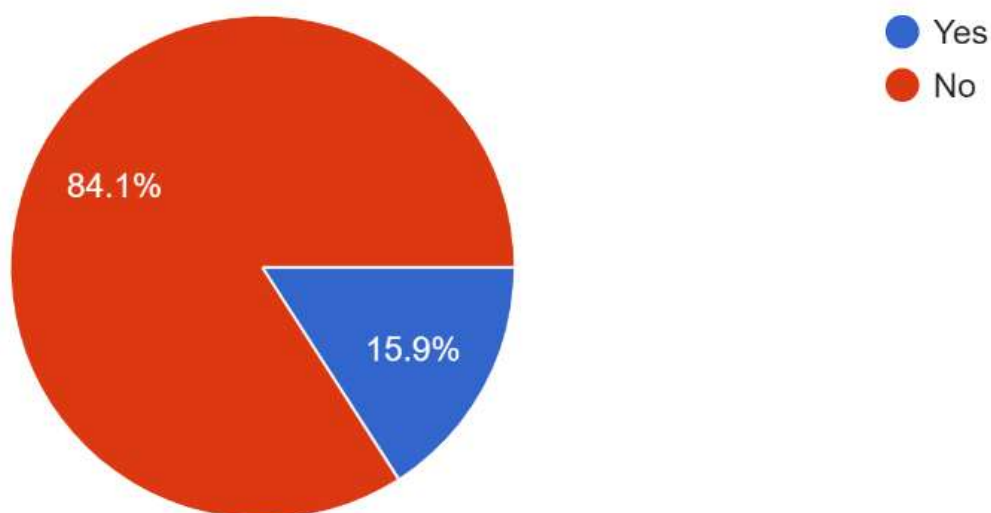
15. (a) If you belong to an ethnic minority community, which of the following statements applies to you?



15. (b) If you belong to an ethnic minority community and have experienced issues in attempting to access healthcare services, please tell us about this experience in the box below.

“Not being able to get through on the phone to the surgery & having to rely on out of hours services or private healthcare.”

16. (a) Have you accessed or attempted to access healthcare services relating to maternity, pregnancy, peri-natal mental health or birth-giving during the pandemic?



16. (b) If yes, please tell us about this experience in the box below.

"Discrimination by Drs based on minority status, complaint filed with Trust, whitewash b/c of their poor complaints procedure (Northern Trust) and lack of procedures for communication."

"It was honestly awful doing scans alone, I have severe medical anxiety. I had a very concerning 20 week scan alone + follow up appointments including amniocentesis alone. My partner had to leave an hour after I gave birth. I then spent three days (jaundiced babe) attempting to establish breastfeeding in hospital with one hour worth of visit, to shower and eat and sleep in. I was delirious after those days of 0 sleep and my arms would shake when I was trying to hold her to feed I was so exhausted & had no help. I still get panicky when I think back to the hospital and also get really angry seeing about people in the pub when I had to do that alone. It's made me very bitter about how my first child was brought into the world and made me really worry about having any more."

"The Health Visitor has not seen my infant son since his 6 mth check in October 2019, there has been no phone or virtual contact. I am now pregnant again and would be a high risk, all appointments with GP are by phone only, refusing to see any patients in person. Thankfully all maternity hospital appts have continued as normal."

"I did need to access contraception during the pandemic. The limited availability of easy to access service, over reliance on GPs to provide this here in Northern Ireland limits our options and restricts our lives unnecessarily. You should be able to be prescribed contraception from your local pharmacy."

"Scans, appointments and visiting EOU was terrible having to do it on my own, however during labour I found it pretty much the same as my first before the pandemic."

"Having to attend all appointments alone was stressful, and I had complications which led to emergency surgery and my son being sent home without me even though he was ebf. This has really impacted my mental health."

"It was post-birth. Could not visit GP when I felt like I needed help as it was at the height of the pandemic."

"Went to 20 week scan alone, got ill with sepsis during labour and had prolonged stay in hospital, found this very difficult with restrictions on visiting."

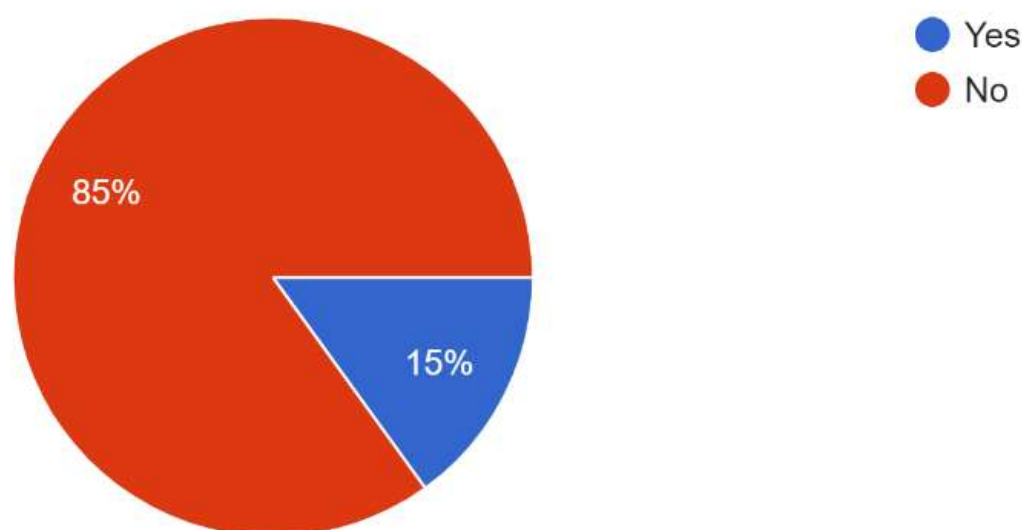
"I was on Maternity Leave when the pandemic started, so access to Health Visitors stopped along with dental care."

"Tried to access mental health services through uni via email - received no response."

"I have gotten sexual health counselling and mental well being. As a nervous person it was nice to be able to do these over the phone."

"Seeking support on incident of sexual assault, been on a waiting list for months with no support. Luckily I have found some online resources to tide me over."

17. (a) Do you identify as a disabled person?



17. (b) If you identify as a disabled person, have you faced hardship as a result of your disability during the pandemic? Please tell us about your experience in the box below.

"YES, Not being able to access Doctors for appointments, to try and manage increasing pain due to extra work load and not being able to go swimming as this helps keep me by keeping me mobile and on my feet, by the time you manage to get though all appointments have been allocated out. unable to use the swimming pool to keep me mobile and on my feet has been a real struggle. unable to get delivery slots for shopping which has in turn has left me to get my mums shopping as well as my own."

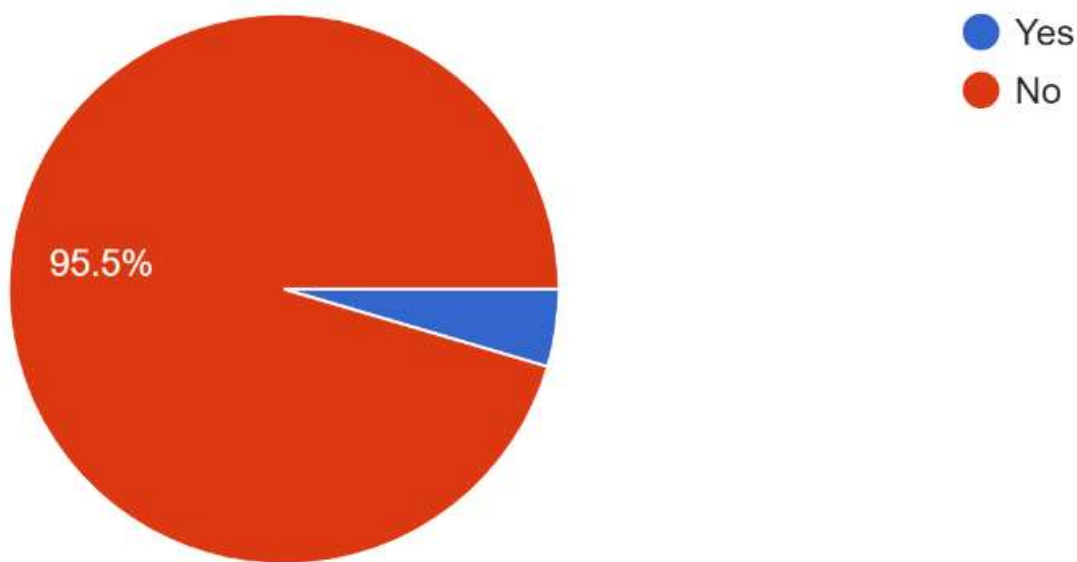
"I am autistic and lockdown was actually really good for me in that regard. I struggled to socialise and find other people very overwhelming and lockdown really provided a time to step away. However, accessing mental health support and medical care all became harder. I was twice admitted to hospital for appendicitis and because of lockdown rules I couldn't have visitors. I became very distressed and paranoid in hospital as a result."

"Initially I was unable to access delivery slots for local supermarkets and eventually I had no choice but to go to the supermarket as I was running out of food and supplies at home. I fall into the vulnerable category as I have a compromised immune system and physical disability. Venturing out was quite scary at that time so I only went out when supplies ran out."

"Unable to access therapies and the gym to manage chronic pain conditions, long queues going into shops which would flare up my conditions, but because I'm young I didn't feel able to disclose that I was in pain or needed a seat."

Social Justice Pillar

18. (a) If you are a migrant, have you ever been subject to the 'No Recourse to Public Funds' condition?

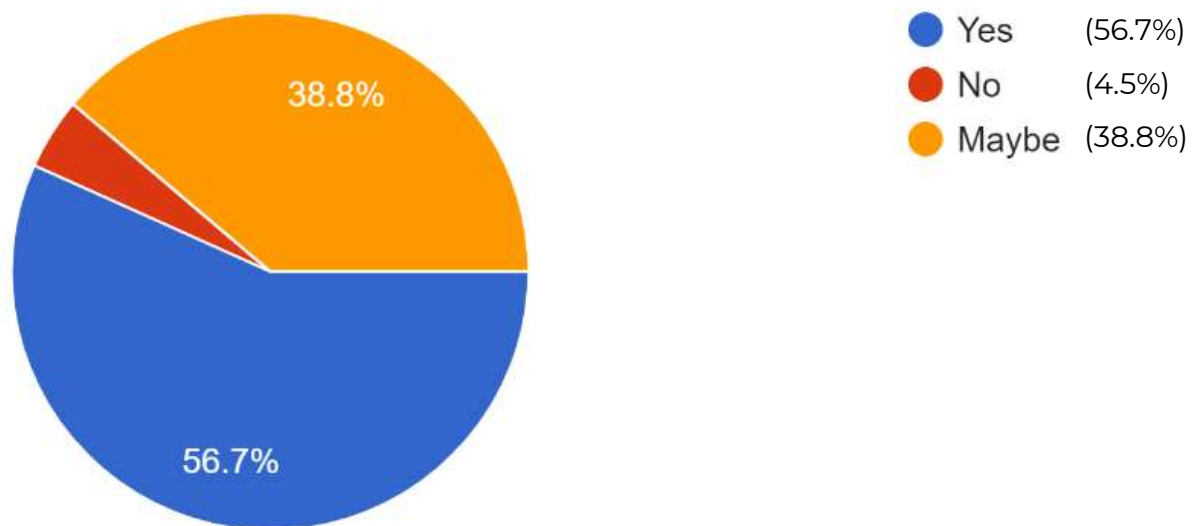


18. (b) If yes, what was this experience like?

"HORRIBLE as, even though not needed thankfully, just knowing that there was no LIFELINE was extremely STRESSFUL. A lot of pressure to get jobs, basic work, in an environment which is NOT WELCOMING to foreign-born residents and citizens."

Cultural Pillar

19. (a) Do you believe there is a problem of 'rape culture' in Northern Irish society?



19. (b) If yes, why do you think this is the case/ what have been your experiences with rape culture?

"I think there is a serious problem around 'rape culture' and the idea that women owe something to men. For example, in a house I used to live in, I briefly chatted to a man on my street as he engaged the conversation. The next day, he came up to our house and banged on the windows of our sitting room for us to get the door and didn't leave until we opened the door. Then, he demanded that 'the girl he was talking to' come out to hang outside with him. He eventually left when we closed the door, but it still made me feel really uncomfortable that he remembered where I lived and felt entitled to ask for that. In that same house, I spotted another man very obviously staring into our window from across the street and wouldn't leave myself and my housemates (who were all girls) alone. We eventually had to call security (as it was student housing) and they said that it was our fault as we misinterpreted the situation. We spoke to students who lived next to us and said that the same man harassed them with racial slurs and they basically got the same response...

[continued] More recently, a man came across myself and two friends (both girls) outside one of their houses and engaged in a conversation with us. He then went on about how he wanted to kiss my friend, and wouldn't stop staring at her in silence and making all of us uncomfortable even after we told him she had a boyfriend (a lie, but his earlier behaviour made us think that he might be angry/violent if we told him it was inappropriate so we thought it was the best way to de-escalate the situation). He came back shortly after the first instance

and was more insistent on kissing my friend, so we eventually got him to leave and went inside to avoid dealing with him again. I have also been catcalled on multiple occasions, both walking in the city centre and within my own residential neighbourhood. While these incidents may not be very extreme, I still think they demonstrate how the sense of men's sense of entitlement when it comes to doing whatever they want to women perpetuates 'rape culture' in NI."

"Where to start! I have been followed multiple times, groped more than I can count. I have felt very pressured to sleep with guys (though have never been forced thankfully). When I am alone, I get things shouted at me fairly regularly. I did not use to be such a target but since I grew my hair longer, lost weight, and started wearing dresses more, the problems have become far worse. I also think a lot of men here have absolutely no respect for women as equals to them, so they try to use them and treat them as play things. Not all men are like this (thank goodness!), and I have many male friends through the sports I do, but way too many are. I think the worst part is that many of these men are smart enough to present themselves as nice people until you get to know them better, then the veneer cracks and you find the hollow s***head underneath."

"I'm terrified of going to clubs and pubs when they reopen without social distancing measures as I find the behaviour in NI society from men is appalling. There is no sense of content and many feel they can just grab or harass you as they please."

"Because I honestly do not know any woman who has not been harassed, assaulted or raped."

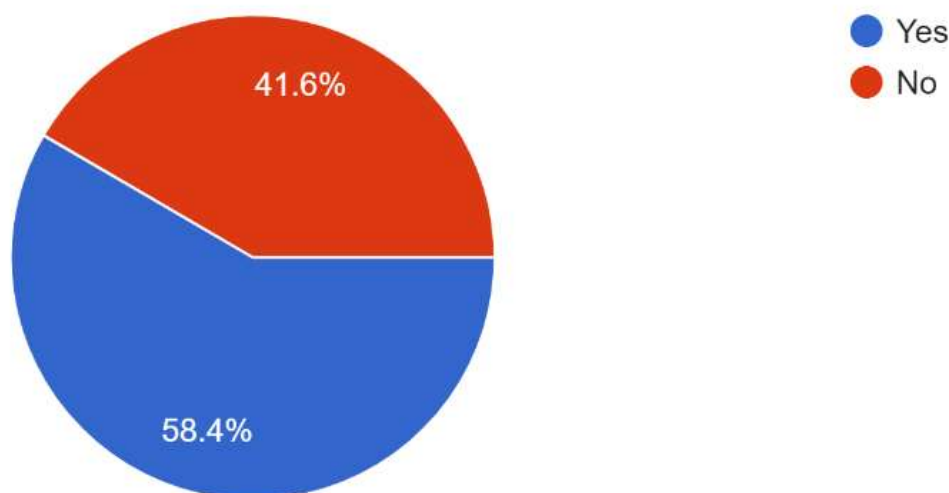
"Understanding of consent is low, permissiveness and 'boys will be boys' attitude remains, people don't even realise they are victim blaming when they do it and we have no RSE to undo the myths that our parents and peers pass on to us. I have personally been sexually assaulted as a younger woman and not reported because i didn't even recognise that it was sexual assault. I just passed it off as what happens in a club /bar / night out. It shocks me now that i and my friends all felt that way."

"I think there is lack of sex education in schools and this creates a range of problems. There is limited knowledge and understanding of what consent means and boys grow up thinking it's ok to disrespect women - leading to other forms of abuse. More broadly, jokes about rape and a lack of societal understanding / perceptions create problems and victims may not want to speak out due to these attitudes. Stronger policies are needed to ensure victims are protected and are supported in sharing their experiences. "

"I think the PSNI are a misogynistic institution that do nothing to protect women from violence. After the targeted stabbings in south Belfast where they responded by telling women to stay inside, I've felt unsafe and unsupported by the PSNI. This leads to a rape culture that is unchecked and unpoliced."

"We as a country indulge too much in lad culture which I believe is deeply entrenched in rape culture. Too often we excuse the "jokes" of cis men rather than calling them out for what they are. The fear I experience as a woman on Belfast streets is acute, particularly on dark nights. During the knife attacks on women in late 2020, I had to be accompanied by a male friend at all times when walking around Belfast in order to feel safe."

20. (a) Have you ever experienced domestic abuse, stalking, harassment, hate crime or assault?



20. (b) If you would like to elaborate on this experience, please use the box below.

"A man who I accepted a lift with tried to murder me. I was in my twenties and still bear the scars mentally. He was never caught. "

"I've been regularly [street] harassed since my teens. This has increased as more things have opened up after COVID. I've been sexually assaulted multiple times, including being grouped, grabbed inappropriately."

"I first experienced sexual harassment when I was 13 in my school uniform waiting for the bus home. I've experienced men's violence in the form of attempted rape and rape in my own home or a partner's home, assault and harassment in bars/clubs, sexualised comments and harassment while in work. I've lost count of the number of bars I avoid because bouncers won't believe my or other women's experiences. I would never report a single incident, because the justice system/PSNI isn't built to support victims of male violence. I've had relationships with women too, but have never once had a woman violate me or do anything without my consent."

"Low level manipulation and controlling behaviour. It was nothing compared to what most other women have experienced but it has taken me years to unpick how it affected me and build my confidence and self worth back. I was conditioned into a way of thinking that affected all my thought processes, down to not going out or seeing friends in case he got annoyed / always being the one to do the groceries for us both while he kept his money for himself / being convinced that I was an awful person and I was 'hanging on by a thread' in the relationship and he was the only one who would tolerate me."

"When I was on my student placement at university, I was sexually harassed by a colleague 13 years older than me. It got to a point where I was receiving multiple emails and texts and messages on all social media platforms, all inappropriate. I reported it to HR and their investigation blamed me and said I could move desks if I didn't want to sit near him but I had to still work in the same team. Despite me saying I was afraid for my safety and he knew my address. I quit the job. I almost dropped out of university."

"I had a very on / off relationship throughout last year with an emotionally abusive man. I was lucky in the sense that the abuse never went much further than him devaluing me and being extremely emotionally with-holding / manipulative, but I am still messed up from it now. I cannot describe how worthless he made me feel. Every time I tried to move on from him, he came back, despite being the one who initiated our first 'break-up'. I still have to see him as we have the same social circle. Even now, I can tell he is trying to restart things with me again. However, since December last year, I have refused to have any direct contact with him and am now dating someone else."

"Yes, I experienced regular domestic abuse in my previous marriage, including violence and coercive control. Many people are not aware of that and frankly would be surprised were they made aware of it. Stereotyping those who experience domestic violence is unhelpful in that it's misleading. There are many women (and I am sure men) who have had lived experience but have never discussed or shared it even after leaving a relationship."

"I've experienced harassment but nothing more sinister, uncomfortable comments, nagged/begged for nudes after multiple conversations where I was clear that I wasn't comfortable sending them, ass grabbed in work, thankfully the closure of nightclubs has had the effect of the usual night out experiences."

"I have been sexually harassed on nights out. That is to say, forced to do things I haven't wanted to do without physical penetration therefore it doesn't count as rape I don't think."

"Being either catcalled by men for being born female, or being called slurs, chased and attacked for being part of the LGBTQ+ community/standing up for other people in the same community."

"One specific experience when I was at school but only recognised it for what it was in the last few years. Cornered by an older boy, held against wall, hand up my skirt trying to get in my knickers. Then the inappropriate everyday touching."

"There is constant harassment while you walk around Belfast, doing it in broad daylight with others watching, it's disgusting."

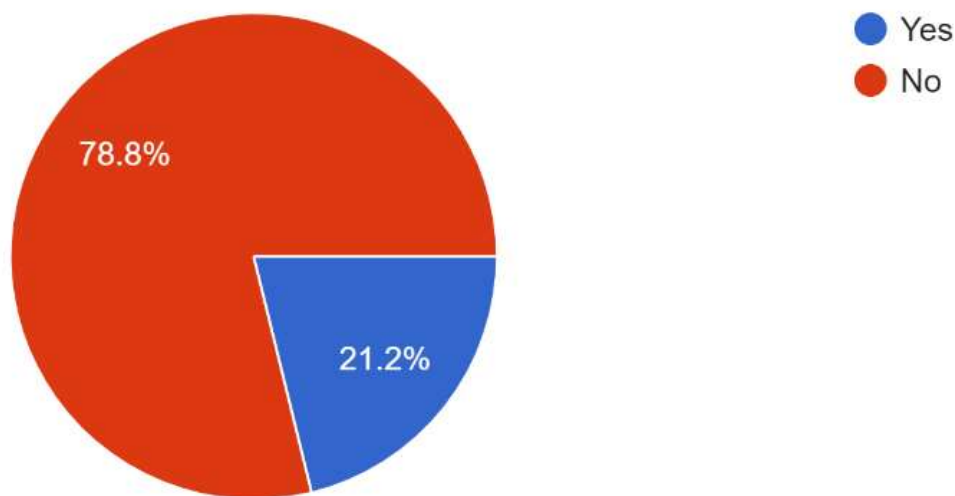
"My father was very cruel to my mother and us. He used Power and Control at every stage of his living with us."

"I was emotionally abused and manipulated into sex by my ex-husband and he tried to rape me in our bed. I was blamed."

"I was harassed and emotionally abused by a previous partner at a young age and by his friend group."

"Yes and the court process didn't help as my abuser often enjoyed taking me to court for contact with daughter with no real want to get access."

21. (a) Have you ever been targeted by online abuse?



21. (b) If yes, in what way were you targeted and how did this impact your personal well-being?

"I've had strange men online access my personal contact details and send me threatening and abusive emails/DMs/text messages. I posted a few items to sell on Gumtree and received awful sexual harassment by phone and text. The PSNI said I shouldn't have posted my number online. I received so much abuse on Twitter from men that I've made my account private."

"I have had misogynistic abuse. After speaking out against the misogyny of PSNI on Twitter I got about 100 abusive messages some threatening me with rape and death. This made me feel very unsafe and drastically impacted my mental health where I felt depressed and anxious."

"I have been trolled online which has had a huge impact on my mental health. I need to have a social media presence due to my job role but some see that as a license to attack me online for what I have/haven't done. It can be relentless and very hard to switch off from. It affects my mood and that of my family. It has also led me to increase my alcohol consumption as a way to take my mind off it which isn't healthy."

"The domestic abuse, continued harassment through court regarding child and online abuse orchestrated by my ex and his new partner have had the single most negative impact on my mental and physical wellbeing in my whole life. In my experience the PSNI, women's aid etc are excellent, courts are archaic and about 100 years behind in dealing with these things. "

"I wondered as to why someone would speak so viciously about me online. I found out it was a partner of a co worker who was trolling me. It made me be wary about googling my own name and when I spoke to folks involved they hurried away and that was the end of my acquaintance with them."

“Sent messages saying i should die/kill myself because im not straight or cisgender, saying i should be raped to make me "realize im actually straight", being told im disgusted and an embarrassment to my family.”

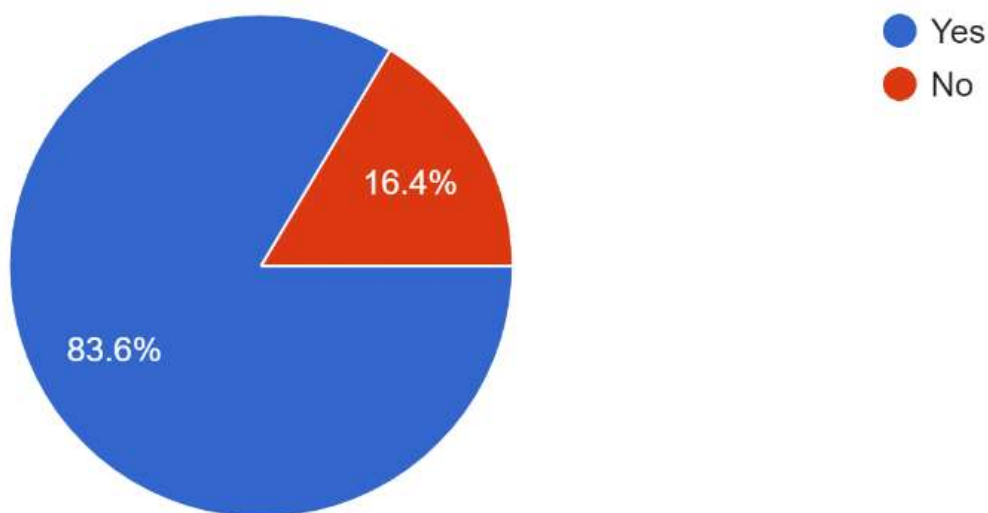
“Thankfully I was in a good place at the time when I was targeted by anti-choicers. However, when hearing the same abuse from people I knew such as “baby murderer” or they hoped I never had children so I wouldn’t have the opportunity to murder them, or some wished if accessing an abortion in the future it would render me infertile stung more than online trolls.”

“I ran for election in the local council elections in 2019 and was subject to abuse via social media and email. It made me scared to use social media or speak out in public on social justice issues. I no longer use twitter.”

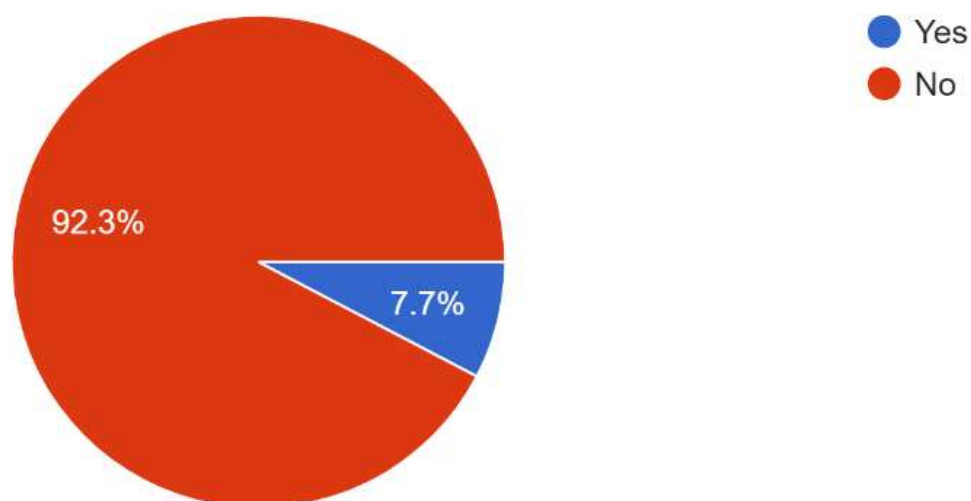
“I had vile comments and statuses posted about me on social media by an ex-partner and his friend group.”

“Caused me to drop out of school.”

22. (a) Did you attend school in Northern Ireland?



22. (b) If yes, do you feel that you received an adequate Relationships and Sexuality Education (RSE)?



22. Please provide any additional thoughts or comments regarding the current provision of RSE in Northern Ireland schools.

"We had a scaremongering teacher that told us if we had sex before marriage we would get an STD and deserve it. I was petrified to access health clinics for years."

"When we were in upper 6th, our school brought us to a "conference" at queens run by a pro life group. It was entirely inappropriate and they offered no other RSE."

"I went to a catholic grammar school and we were told nothing, I have only recently learnt how my periods actually worked. We were told that we are always fertile and to never have sex."

"My RSE in school was wholly inadequate and perpetuates rape myths, was anti-choice and delivered by a Christian organisation who promoted abstinence. There was no discussion of consent, healthy relationships and boundaries, how to access contraception, power dynamics, pleasure and sexuality. I had already had consensual sex by the time we had RSE and I was out as bisexual, so after the lessons I felt dirty and ashamed. Nothing in those lessons prepared me or supported me to have healthy sexual relationships. It was a brainwashing session to satisfy the school governors."

"Never had any sex ed past the basic biology of the sperm and the egg, nothing covering different STDs ext. My only conversations at school on abortion where in GCSE RE as part of the debates of catholic teaching. The only lesson we were due to have was cancelled as one of the students was ill and threw up at the start of class so we never had the lesson."

"It was as if queer people didn't exist. I'm trying to learn on my own now at 23 as I've put off sexual experiences for the most part and now feel very scared about my lack of knowledge."

"We were allowed to have a talk from a group advocating celibacy despite being a liberal integrated school that supported LGBT students. It made very little sense. Additionally, our in class RSE did not cover anything helpful about relationships or having emotionally healthy sexual relationships - it was all about STDs, etc, and the teacher was as embarrassed as the students!"

"As I went to a Catholic Grammar school, so the mean form of sex education taught was no sex, consent was briefly touched on, girls weren't taught how and that's it's okay to say no. Even in biology class, instead of teaching us properly about contraception or abortion, they pushed the rhythm method which they said wouldn't work until you are older and probably married anyway."

"Absolutely needs more education for all genders. People generally don't set out to be perpetrators of sexual assault, however intent is not the same as impact. Too many men grow up thinking they're doing nothing wrong while meanwhile they are destroying girls and women's lives."

"Sex Ed and religion should be entirely separate. My sex education was primarily "if you have sex, you'll get an STD or get pregnant", rather than framing sex as an enjoyable experience between consenting adults. Education was also primarily on hetero relationships."

"Completely inadequate. Proper understanding of consent should be taught, while also destigmatising sex, especially for women. Realities of various common disorders such as vaginismus should be discussed."

"I am so disappointed that I did not receive RSE - this should be taught every year from first to final year. We need to support our young people and to help them understand the importance of RSE - what is right and wrong. The current provision / policy for RSE is failing our young people, especially those who have missed out on so much school over the past year. I worry that other subjects (eg. maths/english) will take priority, when I believe that RSE is just as important."

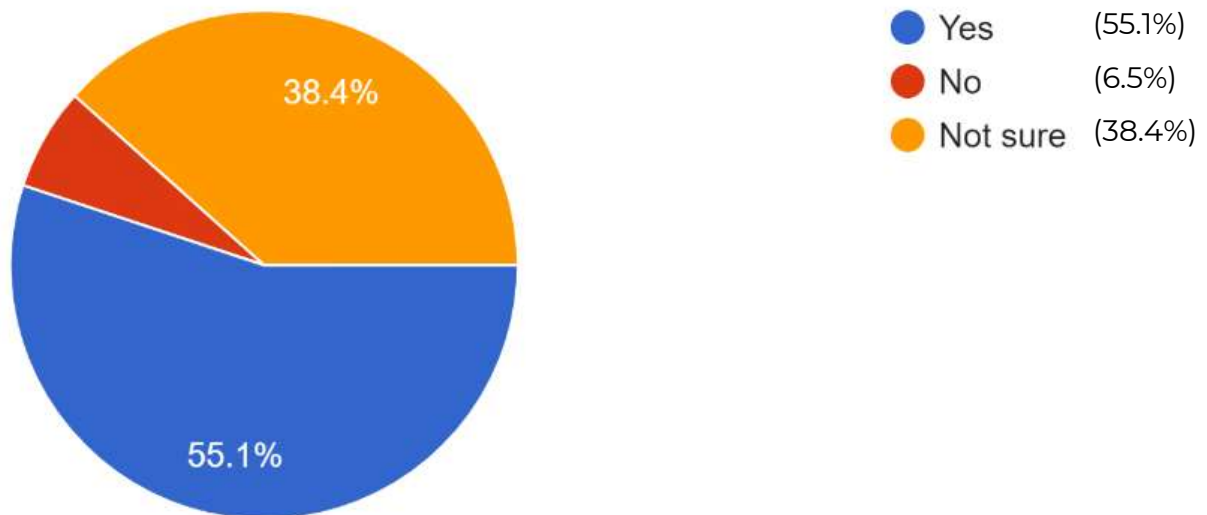
"I have a teenage daughter and i believe that there is not enough knowledge to both male and female on the impact of domestic abuse, or the signs as such of it, bar the obvious of physical abuse, i believe that if i had been educated on this, and or aware of the signs or gate ways of support agencies or any other form of guidance and help, perhaps i may have seen it sooner and left."

"I do not believe that females are given enough information about sexual health. There is still a lot of unnecessary stigma about sharing information. Females should also be informed about how difficult it can be to conceive, the normality of miscarriage and the expectations of motherhood."

"I feel that we can pass all the domestic abuse laws, amend how the courts treat rape victims, that we like. But if we don't tackle the reason for the behaviours, toxic patriarchal views of men/women/ relationships, we are just using a toothpick to chip away at an iceberg."

Brexit and a Bill of Rights Pillar

23. (a) Are you concerned about the impact of Brexit on women's rights in Northern Ireland?



23. (b) Please explain your reasons for this in the box below.

"The EU protected a lot of women's rights which I don't believe the assembly will guarantee. EU human rights law was also instrumental in the fight for abortion access here so I'm worried legislation may be threatened post Brexit."

"EU regs and directives kept women's rights to a high legal standard. that standard is now no longer guaranteed. Though there has been a promise not to roll back on what we have, i don't trust that this promise will be kept. And we will miss out on future developments."

"The majority of carers in NI are women. As a woman with caring responsibilities I have been fortunate to work for an organisation which provides paid carers leave however very few organisations provide that. Most working carers use Annual Leave, Special Leave, Sick Leave and Unpaid Leave to carry out their caring responsibilities. The EU Directive on Flexible working covered Carers Leave but as yet the UK/NI governments have not committed to delivering this objective here. Unless more support is given to working carers more and more women will have to reduce hours or leave work in order to care. This can have a huge impact on their independent income, personal career development and options for promotion."

“Workers rights are already being eroded by the furlough scheme and people are unaware of the future impact this will have, and women are often the group most affected by these issues. The government is willing to do what they want to help the wealthy and corporations and walking away of the protection of European laws around maternity is likely to happen.”

“Most of the initiatives came from EU. Laws and strategies here already stalled for years. Advances from EU likely to be rolled back. Rights on pregnancy and maternity already under threat. Further advances on women's rights from EU will not automatically apply and more likely to be blocked. Many community based initiatives for women no longer funded.”

“NI has no Violence Against Women & Girls strategy, No Bill of Rights, No gender based strategy relating to domestic / sexual violence and abuse. Our Assembly want an 'All Population' take on strategies which typically impact on women to a much greater extent.”

“After how many years after the GFA we still do not have a B of R in NI. Scandalous situation. In previous employment I did work with NIHRC to address this on behalf of organisation. I completed this work as I personally felt a B of R was vital, I was concerned however within the organisation that there was little interest in this area. And given that I was based in an area where paramilitaries run the show I felt this work was vital.”

“Brexit will turn the clock back on any semblance of gender equality. Impact on GDP, public services and workers are key. Women will be hit hardest by job cuts, impact on household budget, food prices, cuts to public services including resulting impact on the NHS. Those affected most will be those disadvantaged most, including women who are already struggling financially and those from minority ethnic backgrounds. Social care, housing and inequality are already at crisis point and will only be exacerbated by Brexit and of course women will be the most disproportionately affected.”

“I am particularly concerned about the immigration rules and the right to work going forward esp for women who may not have access to applying for themselves relying on males in the family etc.”

“The EU provided a fail safe of a minimum standard of rights, we no longer have that. While domestic provision for things like maternity leave may be better than the EU ones, they are also easier to reduce.”

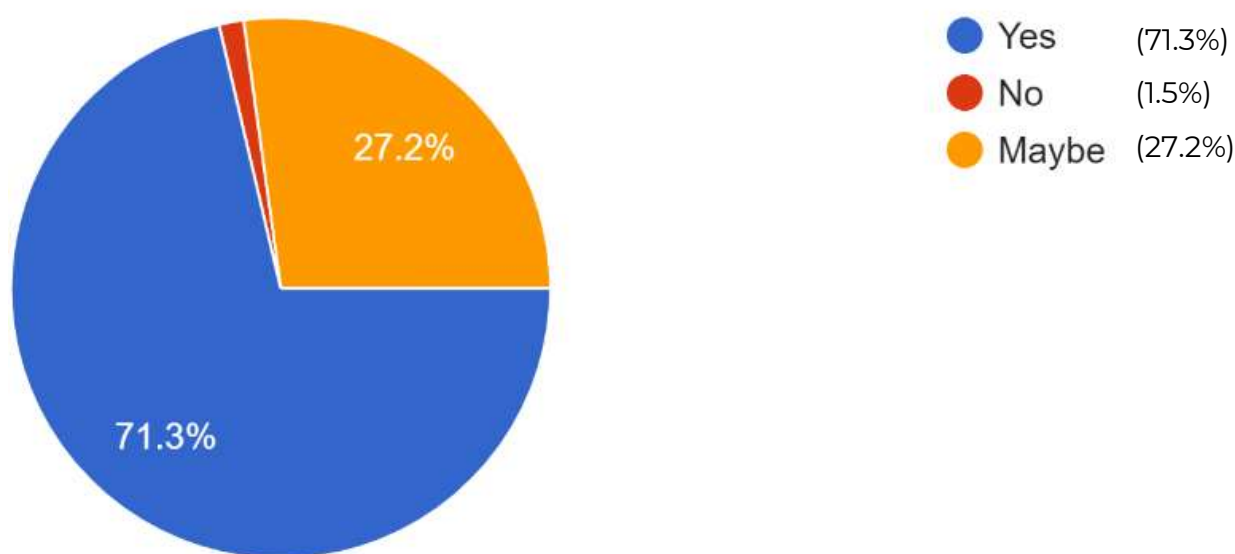
“I do not trust N.I politicians to support any human rights but as a woman I particularly believe that misogyny in some parties will stop us from moving forward positively and equally.”

“The rights of women were also backed up by the European Union. We have lost a powerful advocate because of Brexit.”

“Our current government are taking our rights away, bringing back zero hrs contracts. our right to protest. and our rights to access abortion rights, I do worry our human rights will be next.”

“Much of equality legislation originate in EU law (equal pay, maternity rights) & with Brexit they may not be advanced at the same pace as rest of EU.”

24. (a) Would you support the introduction of a Bill of Rights for Northern Ireland?



24. (b) Please explain your reasons for this in the box below.

"Can't build an inclusive fair and peaceful society without it. Equality and human rights should not be tempered or blocked by party political dogma. Should instead be the framework in which they are required to operate. Social and economic rights critical to lift us out of poverty. It was promised in the GFA."

"Obviously now that we've withdrawn from the EU, we no longer have to follow those common laws which governed us. I believe a Bill of Rights could secure all manner of rights in law to protect various freedoms and individuals. That will enshrine rights for people in law and not be 'coloured' by any religious thinking which denies certain rights, as is all too frequent in NI."

"It is a framework that must speak to the core aspects of the conflict and address them convincingly, but should be wrapped within the inclusive embrace of a culture of respect for human rights that protects everyone. The NIHRC's advice from 2008 went a long way towards doing precisely that. We could usefully return to it at this time." (Dr A Smith, Prof C Harvey 2018) I think this sums it up. "

"I think bills of rights should be personalised to the place as London doesn't need as much rights billing on sectarianism as Northern Ireland does. And from talking to girls from England it does seem that the rape culture in Northern Ireland is worse so therefore more harsher rights work should be done to acknowledge this."

"Need to have guarantees and assurances, all too absent in the North and must be enshrined in law. Must be afforded human rights protections and a BOR is an essential safeguard for all."

"N. Ireland politicians are not exactly known for their support and interest in women and as such I have little faith in them looking out for my rights."

"I strongly believe in protecting our rights due to corrupt and tiered policing and a useless government however I would need more information on what would be included as with the American bill of rights I strongly disagree with the right to bear arms."

"Rights enshrined in law are better than unwritten good practice especially if our Executive has anything to do with it...."

"It could be an opportunity to be enshrine and protect minorities and progress social issues. However it must be open to public consultation and not left to the dinosaurs of Stormont alone. It must also not be targeted by abuse of the petition of concern."

"If it were to be proposed we would need to be very careful about it considering the reputation certain political parties have and also from examining how things such as the Constitution have damaged women in the Republic."

"One person's rights does not affect another's - a Bill of Rights uplifts us all. It is shocking that this issue has been made into a sectarian political football. I feel that PUL women are being sold a pup as much rights disparity is class and poverty related, not community related. And they are being told to oppose a Bill of Rights to protect themselves from Nationalists, when really it's the political class protecting themselves from working class empowerment."

"Need to have rights set out so that everyone knows what they are and can abide by them. Again sanctions imposed if these rights abuses. Not just for one section of community either."

"Embed women's rights in law and protect us."

"It's important that every group is protected."

"Legal protections for human rights I think is important for society to move on from the troubles."

"Rights unique to NI would allow us to tailor rights specifically to communities here."

"It would help and protect more vulnerable people."

"People need better protection against financial and social discrimination and abuse."

"It would help protect rights here and perhaps even limit the scope for corruption at Stormont."

"Protect LGBTQ+, Black lives, women children, disabled and young people, POC etc."

"Any clear outlining of rights of individual should be welcomed."

"Needed to ensure socio and economic rights."

"It would guarantee a minimum standard of rights that could not be changed by a political party."

25. Please detail any other experiences you would like to share from the past year in relation to the pandemic.

"As someone who has worked from home throughout the pandemic, i've heard a lot about how 'things can't go back to the way they used to be'. But i feel that what has actually happened during this period is that people have been worn down, through overwork, balancing work and childcare, or long term unemployment or furlough. And lessons haven't been learned and the opportunity to make modern life fit for purpose and matching the needs of our lives as well as that of our employment institutions hasn't been grasped. I fear we are going to reopen our society, and the powers that be are going to say 'nothing to see here' and try to veer us back to the same grinding business as usual. Only we will be doing business as usual with 18 months worth of trauma and worry and exhaustion so it will be even more of a shell shock. And women will be expected to just get on with it and accept that 18 months of us biting the bullet and sacrificing our lives to be primary child/family carers will be used to our disadvantage. And we STILL won't have a bloody childcare strategy in NI."

"The eviction of a terminally ill parent from hospital in the first lockdown with no care in place. The constant battle to access help, the strain of nursing her without a safety net, her sudden dropping dead without medical assistance in my arms, her rubbish funeral with 10 mourners, the no caring and sharing of grief, no supportive cup of tea or hand to hold , these things and more have caused untold stress and mental anguish in our lives. Swiftly followed by caring for an elderly relative and the whole process of battling for help compounded feelings of helplessness and abandonment. We are still battling now that our relative is in nursing care, even today I was chasing up her second Covid vaccine even though she is over 100 years old. To be honest I am worn out trying to juggle everything."

"As a teacher I feel that there has been nothing done to offer teachers and pupils any respite from this awful experience. Teachers have experienced mounting pressure from school SLT and parents, added with the responsibility of creating and marking additional exams for GCSE and A'level students. I have never felt so exhausted and undervalued. Poor and late communication from Peter Weir exacerbated our stress levels throughout the lockdown."

"The government has caused nothing but problems during the whole pandemic. The education minister was incompetent in his job making us low paid workers feel like we have been treated as robots and glorified babysitters. The impact of restrictions on mental health has not had enough importance put on it by government. Personally my mental health took a major decline due to it."

"Without the support of the local women groups, either via online courses, or dropping stuff off to keep the kids entertained and the food packages and jus a wee chit chat at the door see how all was, or advice of who to contact, i believe my mental health would have seriously deteriorated further, these little groups on our doorstep are vital, and to have a variety of courses and more access to drop the kids off to keep them socialised is essential."

"Worried that the pandemic will be used as a excuse to further erode democratic participation in decision making on all the important areas of life - rights,health, education, work etc. Pleased that many people realised that the lowest paid, often exploited and mainly women's jobs were essential in keeping us going through the worst of the lockdowns. Need to build on that and revalue their work. But memories are short!"

"Stormont returned from a 3 year collapse shortly before the pandemic. This lead to a mass of consultations which was a huge workload for the community and voluntary sector, as well as work on the social inclusion strategies. On top of this policy and lobbying work our organisation was trying to support service users who were isolated and vulnerable. This was exhausting on top of the general stress of the pandemic."

"We need more mental health awareness on how to support one another especially in relation to male suicide. I personally loss a 42 year old, male friend who actually had covid and seemed to have recovered but then took his own life. I'm heartbroken."

"It is vital to build back better, to not return to normal but to forge something new that tackles the systemic inequalities, the low outcomes for the people of NI and promotes a wellbeing-based system."

"I think the NHS frontline staff deserve a massive reward for their work over the past number of months. I'm a teacher and I'm exhausted so I can only imagine how exhausted the NHS staff are."

"I am currently in a position at work were I'm being forced to not provide a disabled person with goods, because they want to keep limited stock for people that can pay full price. I can't complain because I am on probation."

"This was a great survey. Just as a little suggestion, if you ever do a follow up, it might be good to ask a few more qs about mental health and the support available to women currently in that area."

"Most difficult part was abiktybto socialize with family and friends. Also fear of contracting Covid through contact with others. Overeating big problem. Then also days when felt very down."

"Positive: many applications and govt services became available online which made them easier and speeded them up, however not without many glitches. Children's education and social development suffered over pandemic."

"I was physically assaulted more than once at home during lockdown. It felt like I had nowhere to go and was making too big of a deal over these incidents. Being isolated has made getting out of bad situations worse."

"Home schooling has been very difficult whilst trying to manage work. I don't think adults without children of school age can understand the impact."

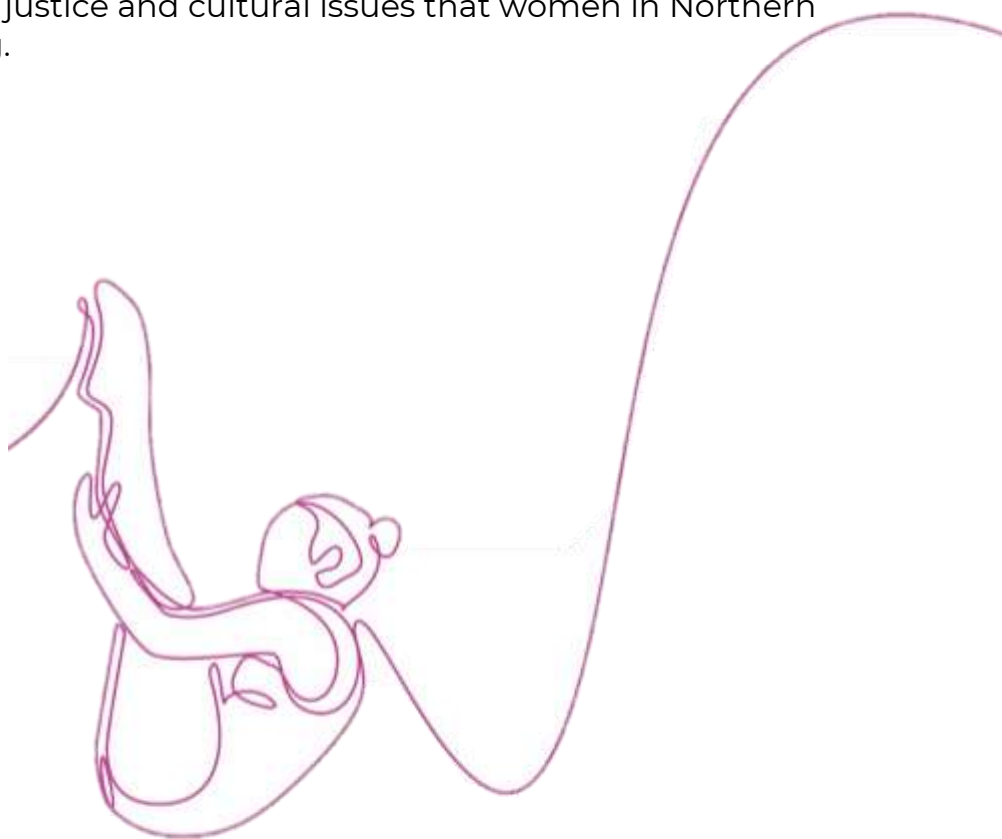
"Our NHS has been hit the worsted due to our government not prioritizing the health care for the people of northern Ireland and the pandemic has made this much worse."

Conclusion

This primary research, alongside the full Women's Policy Group (WPG) COVID-19 Feminist Recovery Plan, highlights and reiterates the point that the COVID-19 pandemic has had a disproportionate impact on women and has exacerbated pre-existing inequalities faced by women across Northern Ireland.

Combining the responses from the WPG Feminist Recovery Plan survey with the one-to-one interviews conducted by the Research Contractor, we have heard from over 150 women in Northern Ireland, discussing their experiences during the pandemic.

It is clear from these testimonies how imperative it is that we take a feminist approach to pandemic recovery planning and urgently address the economic, health, social justice and cultural issues that women in Northern Ireland are experiencing.



This research report was compiled and written by Aoife Mallon, independently contracted by the Women's Resource and Development Agency.

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Appendix

Additional responses:

Q.1. Overall impact of the pandemic

"Working from home had some impact on my family life, more time with children & less rushing with commuting, school runs etc which was positive, but also need to be very organized all of the time to manage juggling work/home schooling/childcare of a toddler/off screen time/ outdoors. Being home all the time created tensions with my partner who is not working but did not take up any household management duties and in fact acted inconvenienced by everybody else being home & infringing on his free time & space. Financially, on one hand my working hours were cut which resulted in 20%paycut, but so has expenditure eg childcare, afterschool activities, fuel which offset the paycut. I was less physically active over the pandemic especially 3rd lockdown which resulted in weightgain & worsening of general fitness level & asthma."

"It definitely has affected it negatively. Financially, I was lucky to have a job throughout the pandemic so I was okay on that front, but personal, health and social well-being wise I found it really difficult to cope. The first main lockdown (March - June 2020) I was okay - this could be because I had access to a front garden where I was living at the time, the weather was alright, etc. The most recent lockdown (December 2020 - currently) I did not have access to any personal outdoor space and the weather left me inside most days without seeing really anyone. I've found it incredibly difficult, and struggled mentally."

"My financial position improved due to less expenditure. My social life collapsed at times aside from online contact - even now many of my friends will not meet up with me at all (even outdoors). My mental health has been extremely poor compared to usual and I have relied on therapy to keep me going. Without it, I don't know what would have happened to me. I'm an extrovert and thrive on the company of others. Sometimes I feel like I don't know who I am anymore. In addition to the pandemic, I also had to deal with other major problems such as the (looong) breakdown of an abusive relationship. I felt extremely isolated when dealing with the breakup, which absolutely did not help. Many of my friends, who usually would have supported me, were distant and probably facing their own problems. I hope this year brings my gradual recovery. Things are starting to look up a bit so far, though I still miss my old life."

"Thankfully, it has had little impact on my financial life as I have been able to work from home. I do not have children so I haven't had any childcare responsibilities and have been able to continue my work well but I have felt very isolated and have definitely struggled a good bit spending all day in my flat alone. It has also put a strain on my relationship as both my partner and I are quite stressed with work and

have had periods of feeling low in general. My physical health is fine and I've kept up exercise during the pandemic - mostly for the sake of my mental health!"

"Registered carer with SE health trust, has been very isolating for both myself and my disabled son. I calculated that I have been visiting the same 5 places since March 2020.. Financially ok presently however need to go through medical soon with ESA and having previously been employed as a welfare rights advisor and SS appeals rep im all too aware that they are going to do their damndest to find me fit for work. Left previous employment due to harassment and bullying.. from which I still have not recovered! However I believe in Karma so will leave it there!"

"Some positive impacts i.e. working from home so more "free" time without the commute to spend time with family and to exercise. Negative impacts include a partner that was furloughed for 12 months so financially worse off, coupled with the stress of working from home, home schooling and looking after a toddler when childcare was closed."

"Financially as a family we have saved money, through less childcare costs and travel requirements (no more commuting to work). However, working from home and home-schooling 2 Primary school children took it's toll and it was a difficult and stressful time in my work and within my family. We enjoyed having more time together as a family but i won't pretend that it wasn't difficult."

"Financially, I was probably saving more money than usual because I was spending less on meals out / clothes / petrol etc. however, I feel that my mental health has suffered. I've felt more anxious, especially in terms of cleaning and taking extra precautions when at the shops or touching door handles. I over think things a lot more than before the pandemic."

"It has been a difficult time but I have been lucky enough to be able to work from home albeit there have been times where it has affected my mental health and I've felt very isolated at times not being able to see my colleagues. I feel I've been lucky also that I have not had COVID nor has any of my close family had it."

"It has really affected my mental health and my freedom. Thankfully my job was secure financially and so was my partners but has been soo stressful as he has had to work from home. which meant we were seeing each other 24/7 which was too much for us both and it did affect our relationship a bit."

"I've become more socially isolated. (I'm in the vulnerable category and live alone). I've become more fearful when I do venture out (which is kept to a minimum). In the first lockdown it was especially hard to get any supplies without going out. I've avoided family birthdays even though lock down has ended for fear of picking up something. I've been able to work from home during this pandemic but despite that, I've never worked harder. It is so much more difficult to switch off when your laptop and access to your work is at your finger tips at night - especially when you have no other distractions."

"I am in the vulnerable category and have been isolating from the first lock down until I was fully vaccinated. My fitness level is now v poor due to not being able to attend water fitness class. Isolation has been an issue and being separated from family members. Access to my GP is the main issue only able to have phone consultation."

"Financially I feel less secure. It's hard getting a graduate job in this market so I haven't progressed from my student retail job. This has impacted me personally as I feel like a failure which has had a negative impact on my mental health. Also it's been hard to maintain relationships with people during the lockdowns which again negatively impacts my mental health."

"I was a first time mum during COVID. My baby was 3.5 months when we went into the first lockdown. I felt separated from family and friends and lacked the support I needed. My baby also missed out on health visitor checkups. I felt mentally drained as I felt like I had to over compensate on all the interactions and stimulation she was missing out on with having others around."

"It's taken a big toll on my mental health as I tried working from home while caring for 3 kids, one of which is autistic. The loss of all our usual external support services was very difficult. It felt like I was struggling to balance it all."

"80% wages for almost a year. Two kids off school meant higher bills and more food needed. Socially, I don't think I could go to a pub or a busy event as my anxiety would be through the roof."

"Negatively impacted my mental health, particularly when I had to self-isolate. I also feel like it impacted me academically as the entire final year of my degree was online."

"My health has been totally shot. I was a young healthy woman, able to do everything, and now am unable to even leave my house due to long covid sickness."

"In summary, increases stress levels, huge pressure managing work and childcare, tensions with husband, very long working days to accommodate home schooling."

"Pay cut, job instability although I have remained in employment (not always full time), increased anxiety at times including experiencing very bad panic attacks, loss of social opportunities."

"Very negatively, my education has struggled moving online and my social well-being has been massively affected. Financially things haven't changed as I still have my student loan."

"Financial - positive. Personal/Health - difficult as I was pregnant and gave birth during lockdown. Social - I have my family and have maintained close virtual contact with friends."

"I am lucky I haven't been affected financially, however my emotional health & wellbeing has suffered. I have used counseling & attended mindfulness classes online to help."

"Fortunately no financial impact but negative impact on pre-existing anxiety and depression. Stress of doing all work at night when children sleeping. Stress of managing well-being of children and husband with reduced family support."

"I have been staying home and am now getting accustomed to it. It is not easy but for the health of my family and friends I hope that it is effective. Anxiety has been a problem and some days are tougher than others."

"Its meant less social interaction, more environmental pollution due to PPE waste, its meant longer hours and less downtime opportunities to relax."

"Mentally and physically draining , no contact with family you normally see most days brings on loneliness and low moods."

"It's been devastating on our whole family."

"Overall, I have been minimally affected but it has impacted my mental health, due to worry, working from home and children being home from school."

"Financially better off as not spending as much, but working from home is not good for my physical fitness."

"Keeping the children at home and working from home has had a big impact on all of the above."

"I have lost half my income. I live on my own and at times during lock down this was very challenging."

"It has been isolating and stressful. Coping with a child with autism while being a key worker has taken its toll."

"Feel trapped. Stuck in a job no longer healthy for my mental physical & financial gain."

"Living alone it has had a significant impact on my mental health. My job and colleagues have been of great support."

"No financial impact however, health-wise, having had COVID-19, it has left me with breathing difficulties, dizziness and extreme tiredness."

"I have received great support from many charities and agencies. However my family life and mental health has been deeply effected."

"It's been an emotional rollercoaster! Comfort eating/comfort spending/finding new things. Not being with people, connecting, the worst!"

"Financial personal and health have been much the same but social well being has suffered."

"Social well being at times has been effected due to not socialising with friends and family, also in work."

"Huge impact on my mental health and well-being."

"It has caused me to develop anxiety and chronic insomnia."

"I have been earning less commission and had to change jobs."

"I have become very isolated and now feel like it is Stockholm syndrome I can go out but don't want to."

"Social well being as being effected as working from home- working extra hours and not enough exercise."

"It has negatively impacted my social relationships but has actually been quite healing for my mental health."

"It has negatively affected my health, mental health, relationships and trust in others."

"The cost of living has not reflectance in my NHSCT wage so struggling to make ends meet."

"Being out in public has a more negative impact on my mental health than before but I gained a better understanding of my child during covid."

"Badly. I am getting divorced and I have been left with severe anxiety and depression."

"Pandemic made me very isolated, my mental health suffered, we came into financial difficulties."

"Furloughed, mental health poor, missing friends and family."

"My health was affect very badly with stress, mentally, and isolated and frightened."

"Lack of Motivation, energy, much more negative thinking, worry."

"Terrible my mental health got really bad."

"It has effected my mental health."

"Yes it has impacted negatively on my mental health & well being."

"Negatively for all aspects."

"A massive negative impact."

"Extremely negatively."

"Struggled during the second lockdown."

"Affected my mental health and financial and social wellbeing."

"Increased anxiety and isolation from extend friends and family."

"Affected it in a negative way."

"All have been negatively impacted."

"Found it difficult not see family and friends."

"Greatly affected my work and home life balance."

"Negative effect on health and social well being."

"It has had a huge impact on all of these."

"Impacted my health more than anything."

"Affected maternity care, lost mum due to covid."

"My mental health/depression."

"Diminished all areas of well-being."

"Financially better off but mental health has suffered."

"It has been quite a lonely time, but otherwise OK.It has impacted greatly."

"In both a positive and negative manner Pretty badly."

"50/50, kinda positively and kinda negatively."

"Mental health."

"Mental health has been up and down."

"Stress."

"An Awful lot."

"Badly."

"Drastically."

"Big impact."

"Not an awful lot."

"Moderate impact."

"Not to much."

"A lot when it comes to socially."

"Major impact on all aspects above."

"Yes."

"It has been pretty impactful."

"Dramatically overall."

"Challenging."

Q. 6. (c) Financial impact of pandemic

"Although been working from home work has expected longer hours and added work on top of work due to it being critical - this has been hard to balance with childcare"

"Have put off contacting the doctors with issues i would have normally been happy to talk to a doctor face to face but feel uncomfortable having to briefly explain to a receptionist. I have also had trouble trying to register with a new dentist."

"More spending on food and household goods. Significant increase in energy bills."

"I applied for universal credit, they assessed us wrongly and demanded the money back."

"As the kids were at home a lot we were using more electricity heating and our shopping bill was crazy."

"Everyday shopping is a lot more expensive."

"Bigger outlay on utilities electric heating etc."

"Uncertainty has meant I'm more stressed about not having financial backup."

"A lot of unnecessary /increased spending on food utilities and subscriptions."

"Left paying for a house I wasn't allowed to live in because I'm a student."

"Having said all that I have been spending less money overall."

"Saved on travel/petrol but more on heat/electricity."

"Husband on furlough."

"Husband lost job."

"Was able to save to buy a house."

"Higher bills ie heating, gas, electric."

Q. 7. (d) Experiences relating to accessing childcare

"Pre pandemic I used a creche at a gym - it closed. I'm still using Daycare, but it's not opens later in the morning and closes earlier in the evenings."

"As a childcare provider I struggle to meet families needs for childcare due to ratios and restrictions here in N Ireland."

"I did not want my children at school during lockdown but had to go in to teach other key workers children. We had no choice."

"Both my husband and I had to work opposite shifts, effected work life balance
Homeschooling has been exceptionally difficult as I'm not a trained school teacher.
My child's mental health has been affected. Very strange times."

"My daughter relied on me much more heavily for childcare of her children."

"Applying to childcare in a system not carees to working mothers, i.e my children
are bottom of the list."

"Trying to do volunteer work and course to get a job became hard todo as I couldn't
visit my parents for childcare."

"Please note because my children are adult they still remain my children. I have not
been able to care for my grandchildren."

"It has become quite difficult separating from jake and asking family for help as he
has become so attached as we never separated."

"My child with autism depended on me even more during lockdowns. We had no
support. We had to manage his home learning while working full time."

"I am a child minder so the main impact was not being able to look after the
children I had for years and so less children meant less money."

"Not accessing but we never got the opportunity to visit any childcare options. We
just had to hope it was the right place for my daughter."

"I am a registered childminder."

"In lucky position of not having to (children and grandchildren grown up."

"I had to look after my baby niece during the pandemic as my sister was working."

"It's a constant juggling act in re covid safety."

"I help mind my grandchildren."

"I had to work from home due to no childcare."

"I have no family or friends in the area so so childcare suppot as schools were also
closed."

Q. 8. (d) Impact of caring responsibilities on work and personal well-being

"In a negative manner. I care for a relative on the shielding list and my mental
health suffered due to fear for them. My work was affected as I had to put my care
recipient first and his safety was compromised through my line of work."

"I feel more concerned about staying away from others, I constantly would get tests before the person I look after got vaccinated. I felt more anxiety ensuring that their risks of contracting COVID were low."

"As an unpaid carer to my mother I had to do all her shopping and cleaning. She became more reliant on me as she was not seeing anyone outside our family bubble."

"Stressful making sure my parent is safe and has everything they need practical and mental health."

"Caring for my mum became quite difficult as I was so afraid that I would make her sick."

"I had to date for my son and work later in the evenings. My well being has suffered. I feel quite isolated even now that lockdown is over."

"It's made it harder being stuck at home 24/7 caring for someone with no way outside."

"I care for my own 2 children who were at home for much of the lockdown periods in 2020/21."

"The wearing of ppe and caring for covid patients."

"Stressed to the hilt trying to juggle work and caring especially trying to access help etc from statutory bodies."

"My mother was shielding and I couldn't get in to help her or see her for a long time."

"Being unable to care for my grand children was very hard and I felt I was adding to the pressure on their parents."

"I have been caring for my grandchildren."

"More responsibility has meant less time to unwind and relax."

"Worry about bringing the virus to home or clients."

"More pressure/worries."

"Less time to complete university work."

"Being masked, social distancing, lack of personal contact has been difficult."

"Mental health stress increased."

"Front line hospital staff while pregnant was very stressful."

"No change."

"Been harder to look after my own mental health as i worry about my childrens."

"My husband cares for me as I am disabled. I care for my daughter."

“Because of lockdown it has affected my partner’s mental health.”

“Stressful as harder to complete tasks.”

“Increased mental load.”

“My dad was shielding.”

“Scared in case I would pass something on to my parent.”

“Too hard; too much; always struggling; feel lost.”

“Highly stressful.”

“Worry more for my mum.”

“Takes a greater percentage of my time and energy.”

Q. 10. (b) Experiences relating to accessing Universal Credit

“It was a long process.”

“Mixed. It takes at least 5 weeks before the first payment.”

“It was fine.”

“I found it helpful.”

“Experience has been fine, no issues at all with it.”

“I have been well advised and communication has been clear and quick.”

“Haven’t had any major problems.”

“Fairly easy besides confirming identity.”

Q. 13. (b) Impact of increased hospital waiting lists

“Basically the button was paused on waiting list since March 2020, was told at Christmas 2020 would have first appointment in Sept 2020, I’m still waiting....”

“Possibly and extra year. Had to borrow money to see a private consultant for a diagnosis.”

“Still waiting for a Cardiology appointment so don’t know how long it will be. It impacts my personal wellbeing because my heart function is reduced.”

“Approximately 6 months and it was a worrying time as I was waiting to be checked out for skin cancer.”

"I have not even been given a time line of when I will be seen for a referral for something quite worrying which adds stress and anxiety."

"My daughters cardiology review was to be in July 2020. I am still waiting on review she has three holes in her heart, it has been very stressful."

"Almost a 2 year wait for an ASD assessment which was eventually directed to a private clinic because the NHS didn't have adequate staff."

"I waited 4 months for an implant removal and ended up having to go private for the appointment as wait times were too long."

"Phone call physio appointments seemed useless to myself so I'm not engaged and have been told the waiting list is 5 years for neurology."

"Till after covid and who knows when that is. Just has increased my worry and not being comfortable."

"I have not been able to meet my consultant in person and testing takes months now."

"Still waiting for cataract appointment. Not even on list yet (2 years later) Sight in one eye deteriorating."

"I don't know how much more time will be added on to how long I have to wait to be seen."

"Still not accessed appointment and I have no idea where I am on a list... if any."

"Waiting on stone removal."

"14 months."

"I haven't seen specialist I was referred to 18 months ago."

"I was waiting a long time for a heart tracing appointment in the hospital."

"Unknown but estimated to be between 18months to 3 years."

"Unknown time at this moment."

"Still have not been seen and it causes distress."

"Not sure of extension but already waiting two years for gallbladder operation."

"6 months plus."

"Smear test was delayed, and other tests I need to get."

"I had to go to baby scans and appointments on my own."

"Still awaiting appointment since before pandemic."

"Unknown pain on going."

"My bowel is attached to my ovary, scar tissue, I've been in pain since October."

"Not good."

"Plus four years. Feel debilitated."

"Over a year."

"My son is still on a waiting list to be seen."

"Still waiting and have been for 2 years."

"I have psoriatic arthritis and all my appointments are telephone appointments."

Q. 16. (b) Accessing Maternal Health services

"Frustrating as not all services available, which lead to extended hospital stay instead of at-home treatment."

"It was awful, I feel traumatised because of this."

"All apts ran to time, husband wasn't allowed to attend."

"Mental Health in regular contact with CPN."

"I had a miscarriage during the pandemic and I was offered no support."

"Child born At start of lockdown."

"He was a forgotten child as far as health care visits etc."

"Absolutely disgraceful. No support from healthcare system during pandemic."

"Thankfully I'm not a first time mother so I wasn't in dire need."

"Miscarriage in EPU was difficult as had to go alone and no aftercare offered."

Q. 17 (b) Experiences relating to disability during the pandemic

"I suffer from a number of illnesses and due to these I faced a bleak outlook during covid afraid to go out afraid to let people near you afraid of literally everything and everyone mentally I struggled a lot emotionally I fell apart and always afraid to ask for help for fear of judgement as a single parent trying to cope."

"I have struggled more with uni work in relation to my disability than in other years."

"Absolutely. My mental health disability apparently made me susceptible to Covid-19, which I had no idea of at the time, and I was hospitalised when I got the illness."

"No swimming pools open to help with Cerebral Palsy. Limited GP appoints to assist with Bi-Polar."

"I have depression and live alone. Before bubbles were introduced for those living alone i was completely isolated."

"People with Mental illnesses feel even more isolated."

"Yes I did very bad with stress."

"No access to GP; increased waiting list for tests/reviews."

"Hugely mentally, physically and financially."

"Just increased pressures on my mental health as a result of lack of support."

Q. 19. (b) Rape culture in Northern Ireland

"In my experience even people who proclaim that you should always trust the victims backtrack on this very fast when the perpetrator is one of their friends or families. I know many people who will continue to engage with people who they have known to showcase really inappropriate behaviour, in one specific instance continuing to engage with someone who had pulled off a conscience women when he had his trousers unbuckled."

"As a young woman, if someone has been raped it seems that everyone knows and they feel bad but not bad enough to stop the men. There is almost guilt around accusing men of rape as it could 'ruin their lives'. There is even this notion the if a boyfriend or partner does rape them, it's seen as a drunken mistake or someone who just got too excited as they consented before. As someone who has had their boyfriend do something to them and brush it off as a drunken mistake, it has taken me months to realise what happened to me wasn't okay. I have never raped, sexually assaulted anyone while we were both intoxicated or in any scenario so why would it be okay for him to be allowed to. There needs to be more support for girls and women, even women brush other women off."

"The Rugby Trial was frankly terrible as was the hell that young woman had to endure yet again after she so bravely brought the case. All that to let the rapists off. Still sad that it turned out so badly. My child is old enough to understand the news and I tried to prevent her from hearing the details but it was a difficult responsibility. It's all too common and won't be the last case of abuse/violence/coercion to give no help or solace to the survivors of the abuse."

"It is not being spoken up enough. It has to be a constant thing, a normal thing and information needs to be showed and accessible in every school, doctors and situation. I as a person who is a woman feel unprotected, uncared for and that my

rights and fights are only a thing to be talked about when something bad happens and I am very tired of it."

"Women and girls are subjected to increased anxiety when accessing the public space. I've been catcalled and harassed as a child in my school uniform from work men. I've been groped as a apolitical volunteer at political conferences (again as a child) and when speaking out against this you are portrayed as a frigid mad woman."

"There is a problem of rape culture anywhere patriarchy is normalized as the status quo such as street harassment, being molested by a friend who acted like it was no big deal, and several instances of being subtly blaming people like myself who are assaulted."

"Lack of sex education in schools meaning children are learning through porn. Furthermore, religion still having an impact on people's lives and believing sex before marriage is not allowed etc which leads to lack of understanding. Personally, been subject to comments, looks and assault."

"Men putting their hands on my waist to pass me at work (aged 16) catcalling (which disturbingly I have received less as my body matured)"

"The case of attacks in South Belfast was met with glee by groups of young men who took advantage of the heightened anxiety by further threatening women for their own amusement. Rather than stand in solidarity with women and girls they used this as an opportunity to harass."

"The stereotypical idea of the rapist as a sinister stranger down an alleyway is perpetuated here with men choosing to favour exceptionalism rather than accept any responsibility for their behaviour and how it, in fact, can often be construed as damaging to women. Too many experiences to detail (street harassment, issues of consent, online etc)."

"Saying that "boys will be boys" and that to stop sexual harassment, the women have to be taught differently, not the men, and experiences include cat calling, uncomfortable compliments from strangers, being cornered and touched by men I didn't know."

"Patriarchal society; cultural environment; societal attitudes on gender and sexuality normalised; lack of education of people both at home and in formal education settings; not enough legal protections in place; generational misogyny; conflict legacy; victim blaming."

"There is no education on what a healthy relationship looks like, people don't get RSE. If you read the comments on any article on a rape trial there will be comments that the woman is lying, if a man has killed his partner there will be a list of his accolades in the coverage, frequently there are comments about high profile women's appearance both insulting and objectifying."

"Patriarchy! Lack of good RSE. How MSM report incidents, etc. No personal experience thankfully. Supported related campaigns. Currently training to be volunteer support worker at Rape Crisis Service."

"There is a perception of women must take responsibility for the actions of men. There is also a culture of male privilege which leads them to believe that they are entitled to whatever they want and a casual acceptance of rape jokes."

"There's an expectation that the way a woman dresses or behaves (especially when alcohol is involved) is an open invitation to sexual activity. Consent is a huge issue that needs more targeted interventions and awareness."

"Toxic masculinity is rife in our community. Men/boys feel entitled to speak to women however they like or touch them without consent. I have personally received vile comments and been touched inappropriately by men in public."

"We have a very outdated view on progressive social issues in Northern Ireland. I have experienced harassment, cat calling, groping, unwanted attention, unsolicited dick pics etc."

"No personal experience but aware of the disturbing statistics, the 'so what' attitude of many men, the level of ignorance, the low levels of prosecution, the response of the courts.."

"Women are still judged for their appearance and the blame culture is still there."

"The blasé attitude towards sexual assault (eg groping) and the fact that women in this country have clearly been denied justice following sexual assault or rape."

"Men are still taught that women are second class citizens, by our government who fail to protect women in matters of their health."

"Unfortunately most rape cases don't make it to court or even investigated which in turn increases the trauma and low confidence in the police and justice system."

"Just listening to some of the youth, there seems to be an acceptable tolerance that talking about females in a disgusting manner is ok."

"Slut shaming, "boys will be boys" etc I experienced a lot as a young person from when I started secondary school."

"The general assumption is that the woman has done something to encourage the rape."

"Domestic Violence still a big issue to tackle, not talked about enough or given funding."

"Lots of things get brushed under the carpet because the person was intoxicated etc."

"The conflict here has also meant women and girls and their issues are not represented or championed by this country."

"Any time I have spoken to male friends about my past experiences they have either sat silent or minimised it."

"Lack of education, morals and responsibility placed wrongfully on women and young girls. Stereotyping how we should dress and be seen."

"Low prosecution rates, a culture of victim blaming, no VAWG strategy, misogyny is rampant."

"Rape culture permeates every aspect of our culture. I witnessed it in school, work, friends, ex partners. It's an epidemic."

"Just looking at the comments section on facebook when rape/abuse cases are reported."

"Witnessed through everyday casualism on the topic and highlighted through the rugby rape case."

"I believe we still very much blame women as a society, what was she doing / wearing/ what did she say / she wanted it."

"Staggering lack of understanding surrounding consent among both men and women, particularly in student cohorts."

"Men and young mens attitude to Women and girls."

"Low conviction rate/victim shaming."

"We live in a patriarchal society and this effects all aspects of women's lives."

"Unsure, don't think it's my place to speak on it and I haven't dealt with it."

"Constant since childhood, cat calls, sexist jokes right up to actual sexual assault."

"Rape & misogynistic jokes, victim blaming in discussions, patriarchal culture."

"There is a lack of understanding of the word 'No'."

"Rape jokes completely normalised among people my age."

"Irish culture. No."

"Sexually assaulted/ and my daughter sexually assaulted."

"I believe and have dealt with domestic abuse including rape."

Q. 20. (b) Experiences of domestic abuse, stalking, harassment and hate crime

"Violence within marriage is still not spoken about by people of my generation."

"Domestic abuse, rape, sexual assault."

"Coercive control."

"A long time ago and I'm now divorced."

"I have experienced sexual harassment and sexual assault."

"Stalking while at university in England."

"I was stalked for a year 8 years ago."

"Unreported rape whilst in university."

"Coercion and manipulation."

"I was married for 6 years and suffered mental abuse and controlling behaviour."

"Domestic, Emotional and Financial from my father."

"Stalking several years ago."

"Domestic abuse at the hands of biological father."

"Lack of support, or investigation, our police service needs to be funded properly."

"I was in an abusive marriage over 20 years ago."

"The assaults have happened at home at the hand of my partner. This is after leaving an abusive relationship."

"I have just come out of a relationship due to domestic abuse."

"Emotional abuse."

"Psychological abuse, undermining who I am, having to manage with little to no money."

"Domestic violence."

"I had a two year relationship where my partner was verbally abusive and very controlling."

"In my early 30's I had a breakdown and lived in women's aid refuge for over 1 year."

"Sexual assault."

"Hopefully things are changing with social workers especially out of hours times."

"Hate Crime years ago."

"Domestic abuse is more common than most people realise."

"Emotional, verbal abuse. Some physical."

Q. 20. (b) Experiences of Online Abuse

"About my physical appearance and death threats. I didn't go outside for months after."

"Years ago targeted sexually, due to being a young woman."

"Trolling, targeting on my physical appearance and relentless messaging - it lowered my self esteem and because people think it's not a impactful they were not supportive."

"My details were posted on a far right website."

"Not abuse exactly, but my ex above likes to use social media to try to manipulate me. I have essentially stopped using FB because of this. But I'm glad I did as it has made it much easier to move on from him."

"I had vile comments and statuses posted about me on social media by an ex partner and his friend group."

"Extremely negatively."

"Slander."

"I was groomed by an older man online when I was a young teenager."

"Trolled by right wing extremists. Causes depression, fear, loss of confidence - but got over it. Particular annoyed by the misogynist content."

"Asking simple questions or it no longer seems you can post your feelings under a thread or you get masses of abuse."

"'Targeted' is strong, but I have had people tell me to die for my pro-choice and leftist stances and make threatening comments in reference to my sexual orientation."

"Subjected to anonymous trolls."

Q. 22. Relationships and Sexuality Education (RSE) in Northern Ireland

"I can't speak for the Protestant and non denom schools but Catholic RSE taught me nothing. I didn't know where my clit was until I was 19. We were just told you'll get an STD and ruin your life if you have sex."

"Love for Live are not equipped to deliver RSE - yes they ticked PHA boxes by attending courses to be trained but this is not reflected in their workshops. Faith based and Public Health do not mix and when they do, they do so to the detriment of our young people"

"Simply not good enough any more. Needs to be led by the children who are being taught. Not education sector or churches."

"Comprehensive & standardised RSE should be introduced immediately and parents should not have the option to object."

"Ours was abstinence, religious based, no mention of non-hetero relationships."

"RSE should be age relevant and appropriate in content."

"I was trained to deliver RSE. Did so with my classes. Never extended to whole year groups. Boys very rarely taught RSE. Mostly taught basics in Science only."

"RSE should be mandatory, delivered in all schools and faith or other schools should not be exempted or allowed to teach this according to their own perceptions. Experts in this should set the curriculum for all schools."

"I left school in 1984 so before a lot of modern teaching and I'm not sure what is taught now but I did feel that they don't cover enough about the emotional side of sex, sexuality and relationships. It tends to be all about the mechanics of the act and then about pregnancy. Children now are exposed to sexualised content in many forms and it may all appear 'normal'. They need to be taught about the very strong emotions it brings and how to say no to sex if they are not ready rather than be talked into it by their partner."

"It needs to recognise that sex is not only to make babies, women deserve to enjoy pleasure and young boys must be educated to combat the harmful and violent stereotypes being perpetuated in porn."

"Fairly primitive compared to other jurisdictions. Not mandatory. Not inclusive. Subject to 'religious' ethos of school. Does not fit children and young people for life and is not seen as critical to changing attitudes to women and girls."

"An absolute lack of any provision of RSE - we were told we were family makers and we needed to ensure our husbands were happy and our children clean and well behaved."

"Due to religion in schools there was a barrier to any real relationship advice and guidance and a lot of boys do this and girls do this. No joined up thinking."

"We were only told about how to keep ourselves safe online, but its was very vague what we were keeping ourselves safe from and thats it. Also i got sexual talks in science class and it was just the reproductive system for two genders. Not great."

"No separation from faith in most schools which means many young people are not enabled to take part in discourse which would afford them proper insights or to make well informed decisions. Too much alignment with religious views."

"With children knowing about sex earlier we need to talk to them earlier. Good relationships skills need to be taught and its ok to say no and that no means no pressure."

"My son had a brief RSE session in the Catholic school he attends and there was no mention of LGBTQ+ issues and the focus was very much on boy-girl relationships and did not provide sex education. I'm hoping that as it was a Primary School session these issues will be addressed in post-primary."

"There should be comprehensive and compulsory education not only on the biology of reproduction but on relationships and consent."

"Our 'education for life' teacher was an RE teacher and then music. It was painful and uncomfortable for us as students and teachers. You were basically told just to abstain which is not helpful."

"As a child in a state comprehensive from 1988 - 1993 I was lucky if the teachers turned up at all. We received free tampons in the school PE change rooms in 3rd year."

"It was barely touched on, it only mentioned heterosexual relationships, and it never mentioned consent."

"It's unacceptable that young people are still kept in the dark and it is worse when there is a creationist/religious side to the teaching of it."

"It's not enough this needs to be increased, my sex education was, we were shown a marmite jar and told it's just like your virginity once it's gone it's gone!"

"RSE wasn't taught or spoken about apart from in RE and that was normally a few boys taunting a teacher."

"It doesn't start young enough and isn't comprehensive enough. It should be taught as a set of facts. "Gay people exist" "your body is your own" "no means no" etc."

"It is not fit for purpose, even for straight people. I went to a grammar school and it was not adequate education on this topic."

"As a teacher I feel it is not taken seriously enough. Too many people in N.I are afraid to tackle these subjects and worry about parents' reaction."

"All we learnt about was that it's important to wear a condom. Never really learnt about consent (as in the different forms of consent) etc."

"LGBTQIA+ needs more identification. Religion cannot rule our sex education anymore."

"I just think they need to give young people more information, let them know they are in control of their body etc."

"Sexual education should be discussed in every year from p1 to Upper sixth not just when a child starts puberty."

"Religion has no place in schools and certainly should not shape something as important as sex ed."

"Focused on puberty, periods etc rather than relationships/ sex/ contraception (Catholic school)."

"It is out of date and far too orthodox. RSE needs to be open and honest."

"It is heavily influenced by religion and only teaches abstinence."

"It needs to be addressed for our children's generation."

"There needs to be lgbt+ education."

"Going well in most catholic schools as it is taught through the religious teaching."

"Totally inadequate."

"Should be made compulsory to educate girls and boys."

"It is not taught in real life situations. Its all science and textbooks."

"It didn't exist in the 90s. It was biology, that was it."

"Outdated and based on religion, needs to be open minded and more broadened."

"Inadequate/no discussion of LGBTQ+"

"I don't ever remember learning about this outside of my church growing up."

"It needs to be comprehensive. Abstinence is not a good sex education."

"It's needs to be lgbt inclusive."

"It's a disgrace!"

Q. 23. (b) Impact of Brexit on women's rights

"It could lead to our rights diminishing."

"We still do not have proper abortion access here."

"The exit from Europe is very complicated and I don't know how this will affect a lot of things."

"I fear we may lose what we gained while being in EU."

"Women's rights have been hard fought. They will be lesser than now."

"I fear there will be a row back on hard won equality & human rights."

"I don't know the specifics of how it would effect echr or any EU laws surrounding human rights."

"I don't know enough about the human rights covered within the EU to be aware of how their removal would impact women in NI."

"Can't trust the Tory government with human rights never mind women's rights."

"The Conservative government seems bent on a path to eroding all basic working rights. Women are already disadvantaged with regard to equal pay and discrimination for daring to bear children, and will thus be first and hardest hit."

"Fearful govt will use Brexit to undo the little social protections we have in terms of balancing work and care."

"I'm concerned that progress made in the EU regarding rights will be stripped in NI."

"I am worried the UK government is going to gradually unpick all our equality and human rights legislation."

"Nothing seen/heard on media regarding this."

"Equality rights."

"Work and Social mobility. Ability to work in Europe."

"Brexit is a mess and I honestly don't know what impact it is going to have."

"NI needs to be forward looking and provide women/girls all the same rights as in the rest of the UK - NO EXCUSES."

"Not specifically women's rights, but the rights of all people."

"Don't know."

"Women, especially women of colour and trans women will bear the brunt of social issues impacting after brexit."

"Not sure of the full impact of Brexit as yet."

"Unable to access women services."

"A lot of the laws brought in to protect women came from the EU."

"I think that westminster did more for the abortion laws than Brexit."

"More concerned about economic Impact of brexit."

"High Street retail jobs gone forever."

"Decreased food security more expensive food."

"European union is where we get alott of our rights I dont feel safe our head of state will protect us."

"Discrimination against women."

"Our "special status" in the EU should surely leave us in a slightly better position, haven't thought on the issue too much to be honest."

"I'm not sure exactly what impact there would be as I am not a woman."

"As ever women will be hit hardest in terms of potential lost jobs, cuts to services and a squeeze on family budgets."

"Most laws/ legislation that protected women seemed to come from EU."

"Legal changes re freedom of movement, workers' rights could lead to poverty."

"Worried they may remove maternity pay, risk to NHS and our services and those who are employed."

Q. 24. (b) A Bill of Rights for Northern Ireland

"We need our own regional bill."

"Anything to try to allow people more rights is a good idea to at least try."

"I think a bill of rights would protect the people living in northern Ireland and the country itself."

"I feel we need to secure our own rights and not have them set by Westminster who do not care what happens here."

"We must include abortion right for woman, the right to choose."

"I believe that women need protected and our government is ran by mostly men who have no idea what women need."

"Women's rights need to be protected."

"We should be able to have our own rights in relation to what matters to us and our culture."

"Not sure if our politicians are the right sort to do this fairly."

"Everyone deserves to be protected by a Bill of Rights."

"Being raised a Presbyterian I am aware that it was Presbyterians who campaigned for a B of R within the US constitution. Unfortunately this history has been erased and this fact should be highlighted within WC loyalist communities which it is not! I really despaired at times that young people within the PUL community were not aware of the work of the NIHRC or the value of being a member of a trade union! I lost 6 people within my advice office in 2018 age range from 15 to 65.. seriously upper management appeared not to care! I resigned due to burn out!"

"As a foreigner, I would want to know and understand more about the thoughts of locals on this before advocating one way or another. I think yes, but I would want to know who and how that was being created and enforced."

"I don't know enough to comment."

"I don't know what a bill of rights is."

"Would depend on what it included."

"I have experienced a lot of male superiority in NI, from school teachers, doctors, estate agents etc."

"ALL ARE EQUAL."

"Not sure of the implications of this bill."

"Depends on which politicians are behind it."

"I would need to research it first before I could decide."

"Unsure of what this would entail, however if there were positive outcomes of course this would be something I would be interested in."

"Need to review documents."

"Anything that supports women."

"I'm assuming the panel to choose the rights would do it publicly and hope that it would do it without shoving religious beliefs in our faces."

"I'd rather have a bill of rights that protect all - so not specific to NI."

Q. 25. Other experiences during the pandemic

"Loneliness, major major loneliness."

"Lost hair (alopecia) low mood."

"No support given to principals of schools from any statutory body. It has been a very lonely year."

"Long Covid has caused health problems which haven't been fully explored."

"All plans for baby(visiting family, baby club, interacting with other babies) cancelled 😞"

"Thank you for all the work you do!"

"It has been terribly isolating for people in bad or unsafe relationships."

"Our government could have done more for the people of Northern Ireland. And help our country more all they wanted was they big money to keep them happy."

"The announcement of the crapping of the Stormont House Agreement in the middle of the pandemic was devastating and added to everything else going on."

"Have been trying to support a number of people with their mental health and feel the consequences of the pandemic will continue to effect society for a long time to come."

"Decrease in mobility and physical health for elderly parent - directly due to lockdowns."

"I feel that news propaganda has been disporotiantely blew to extremes that didnt need to happen."

"Unable to live a normal life was extremely difficult."

"It has been my first pandemic and I sincerely hope it is my last."

"Lots of scary stuff, mismanagement and corruption by UK government, separation from loved ones, plus positive, unlooked for stuff like walking, nature, etc."

"It may have brought communities together but that still needs to be worked on. Mental health is going to be a big problem with people not wanting to leave their homes."

"Would lobby for more free childcare hours in line with England at least."

"I'm taking part in a Covid Test monthly with my daughter since August 2020. I tried to give blood to test for antibodies but was unable to."

"It's been tough when shoes or clothing goes up a size and it's awkward to get a shop to fit or sell shoes."

ENDS

